Case 18-03044 Doc 1 Filed 02/02/18 Entered 02/02/18 13:09:13 Desc Main Document Page 1 of 60 NITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

United States Bankruptcy Court for the:

Northern District of Illinois

Case number (If known):

Chapter you are filing under:
Chapter 11
Chapter 12
Chapter 13

FEB 02 2018

JEFFREY P. ALLSTEADT, CLERK INTAKE 3

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself		
. Your full name	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
-		·
Write the name that is on your	Donevette	
government-issued picture identification (for example,	First name	
your driver's license or		First name
passport).	Middle name	Middle name
Bring your picture	Evans	widule name
identification to your meeting with the trustee.	Last name	Last name
	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
All other names you have used in the last 8 years Include your married or maiden names.	None First name Last name First name	First name Last name First name
	Middle name	Middle name
	Last name	Last name
Only the last 4 digits of your Social Security number or federal Individual Taxpayer	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	XXX - XX - OR
Identification number (ITIN)	9 xx - xx	9 xx - xx

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Debtor 1	Donevette	Evans		
	First Name Middle	e Name Last Name		Case number (if known)
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		About Debtor 1:	til kan kan kan di salah di di di kan di di dinak kan kan kan kan di	
				About Debtor 2 (Spouse Only in a Joint Case):
4. Any bu	siness names			
and En	nployer	I have not used any but	siness names or EINs.	I have not used any business names or EINs.
Identiti (EIAI) v	cation Numbers			- that dated any business names or EINs.
the last	ou have used in t 8 years			
		Business name		Business name
doina bu	rade names and isiness as names			
	- ness de names	Business name		Business name
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5. Where y	ou live			If Debtor 2 lives at a different address:
				at a different address:
		14422 South Indiana		
		Number Street		Number Street
				Number Street
		Apt 304		
		Riverdale	IL 60827	
		City	State ZIP Code	City State ZIP Code
		Cook		State ZIP Code
		County		County
				Courty
		If your mailing address is d	ifferent from the one	If Debtor 2's mailing address is different from
		above, fill it in here. Note the any notices to you at this mail	at the court will send ling address	yours, his it in here. Note that the court will annu
		,		any notices to this mailing address.
		Number Street		Number Street
		P.O. Box		P.O. Box
		City	State ZIP Code	O'L
All to Live and the live and th			State ZIP Code	City State ZIP Code
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Why you a	are choosing ct to file for	Check one:		Check one:
bankrupto	SA or round tot	Over the last 180 days before	ore filing this netition	
	•	Figure BASO III (URS CISTUCT IC	onger than in any	Over the last 180 days before filing this petition, I have lived in this district longer than in any
		other district.	•	other district.
		☐ I have another reason. Exp	lain.	
		(See 28 U.S.C. § 1408.)		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)
		****		(3 1.00.)

MONTH CONTRACTOR AND CONTRACTOR				

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	MACAGINE MINORIE	Name	Last N	vans		Case number	(if known)
Part 2:	Tall the Court At	and Va					
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are ch under	noosing to file	⊠ c	hapter 7	•		- Fago i and chec	the appropriate box.
		☐ C	hapter 1	1			
		☐ ci	napter 1	2			
************	the transfer was a second constitution of the	☐ CI	napter 1	3			
B. How y	ou will pay the fee	loc yo su wit In Ap I re By less pay	urself, yourself, yourself	ou may pay with your payment of printed address pay the fee in it of a for Individuals that my fee be address may, but is 50% of the officin installments)	th cash, cashier's on your behalf, you stallments. If you cheep to pay The Filin waived (You make not required to ial poverty line to the force of the cash of the	cour attorney may you choose this of g Fee in Installm yy request this of waive your fee, hat applies to you this option your	check with the clerk's office in your ally, if you are paying the fee by order. If your attorney is y pay with a credit card or check option, sign and attach the cents (Official Form 103A). Option only if you are filing for Chapter is and may do so only if your income is ur family size and you are unable to must fill out the Application to Have the with your petition.
Have yo	ou filed for	☑ No			ar opportunite di manufilia di mano e e e e e e e e e e e e e e e e e e e	d	
bankru	ptcy within the		District		180		
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	The same of same of the same o		District			MM / DD / YYYY	Case number
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Are any cases pe	bankruptcy ending or being a spouse who is	☑ No	District District		When	MM / DD / YYYY	Case number
Are any cases perfiled by a not filing	bankruptcy ending or being a spouse who is g this case with by a business or by an	☑ No	District District		When	MM / DD / YYYY	Case number
Are any cases possible dispersion of the possible dispersion of the partner,	bankruptcy ending or being a spouse who is g this case with by a business or by an	☑ No □ Yes.	District District Debtor District		When When	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	Case number Case number Relationship to you Case number, if known
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Are any cases possible dispersion of filing you, or be partner,	bankruptcy ending or being a spouse who is g this case with by a business or by an	☑ No □ Yes. □ No. ☑ Yes.	District Debtor District Debtor District Go to line Has your residence	e 12.	When When When When	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	Case number Case number Relationship to you Case number, if known Relationship to you Case number, if known

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Do you own or have any property that poses or is alleged to pose a threat of imminent and dentifiable hazard to oublic health or safety? Or do you own any property that needs mmediate attention? For example, do you own erishable goods, or livestock hat must be fed, or a building hat needs urgent repairs? Where is the property? Where is the property or Any Property That Needs Immediate Attention If we hazard? What is the hazard? If immediate attention is needed, why is it needed? Where is the property? Number Street	Debtor 1 <u>Donevette</u> First Name Middle	Name	Evans Last Name		Case r	iumber (if know	vn)
of any full- or part-time business? A sole proprietorship is a business you perate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(51B)) None of the above Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor so are appropriate desidines. If you are a small business debtor so are appropriate desidines. If you indicate that you are a small business debtor so are appropriate desidines. If you indicate that you are a small business debtor for so are appropriate desidines. If you indicate that you are a small business debtor so are appropriate desidines. If you indicate that you are a small business debtor for so are appropriate desidines. If you indicate that you are a small business debtor of the small business debtor are properly and properly that pose or is a propriate desidines. If you indicate that you are a small business debtor according to the definition the Bankrupty Code. If you are filing under Chapter 11, the court must know whether you are a small business debtor according to the definition that the procedure in 11 U.S.C. § 111(51B). No. I am not filing under Chapter 11 and I am a small business debtor according to the definition the Bankrupty Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in a Bankrupty Code. If imminent and definition of a building and needs urgent repairs? Where is the property? Number Street N	Part 3: Report About Any	Busine	sses You Own as a	Sole Proprieto	or		
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a corporation, partnership, or LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. City State ZIP Code Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(53A)) None of the above Are you filling under Chapter 11 of the Bankruptey Code and are you a small business debtor are as appropriate deadlines. If you indicate that you are a small business debtor, you must attach are you as a small business debtor. In the court must know whether you are a small business debtor so to care appropriate deadlines. If you indicate that you are a small business debtor, you must attach are you as a small business debtor. In the court must know whether you are a small business debtor you must attach are you as a small business debtor. In the court must know whether you are a small business debtor you are a small business debtor. In the court must know whether you are a small business debtor you are a small business debtor. So any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1(X)). No. I am not filing under Chapter 11. No. I am filing under Chapter 11. In am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptey Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptey Code. Yes. What is the hazard? If immediate attention is needed, why is it needed? Where is the property? Number Street Number Stre	individual, and is not a		Name of business, if ar	ıy			
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Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D). Who I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Yes. What is the hazard? Where is the property or Any Property That Needs Immediate Attention Where is the property? Number Street Street			Commodity Broke	r (as defined in 11	USC 8 101(6	11	
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Pyes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention Do you own or have any property that poses or is a salleged to pose a threat of imminent and dentifiable hazard to public health or safety? Or do you own any property that needs mediate attention? For example, do you own erishable goods, or livestock that must be fed, or a building that needs urgent repairs? Where is the property? Number Street City	For a definition of small business debtor, see	🗹 No.	I am not filing under C	hapter 11.			
Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention Do you own or have any property that poses or is alleged to pose a threat of imminent and dentifiable hazard to public health or safety? Or do you own any property that needs mmediate attention? For example, do you own erishable goods, or livestock hat must be fed, or a building that needs urgent repairs? Where is the property? Number Street			-				
Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to outblic health or safety? Or do you own any property that needs mmediate attention? For example, do you own erishable goods, or livestock that must be fed, or a building that needs urgent repairs? Where is the property? Number Street	rt 4: Report if You Own o						
property that poses or is alleged to pose a threat of imminent and identifiable hazard to obublic health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? Where is the property? Where is the property? Number Street	Do					.0003 1111	mediate Attention
Alleged to pose a threat of imminent and dentifiable hazard to outblic health or safety? Or do you own any property that needs immediate attention? For example, do you own erishable goods, or livestock that must be fed, or a building that needs urgent repairs? What is the hazard? If immediate attention is needed, why is it needed? Where is the property? Number Street	property that poses or is						
dentifiable hazard to public health or safety? Or do you own any property that needs mmediate attention? If immediate attention is needed, why is it needed? or example, do you own perishable goods, or livestock part must be fed, or a building part needs urgent repairs? Where is the property? Number Street City	illeged to pose a threat	✓ Yes.	What is the hazard?				
Or do you own any property that needs immediate attention? If immediate attention is needed, why is it needed? For example, do you own erishable goods, or livestock that must be fed, or a building that needs urgent repairs? Where is the property? Number Street City	dentifiable hazard to						
If immediate attention? If immediate attention is needed, why is it needed? For example, do you own erishable goods, or livestock that must be fed, or a building that needs urgent repairs? Where is the property? Number Street City	public health or safety? Or do vou own anv						
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Number Street City	erishable goods, or livestock pat must be fed, or a building						
Number Street City			Where is the property?				
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City						······································	
Quale /IPT And				City	······································		State ZIP Code

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Debtor 1

Donevette
First Name Middle Name

Evans

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after t reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making

rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1	Donevette First Name Middle is	Evans Name Last Name	Case number (if known)
Part 6:	Answer These Qu	estions for Reporting Purp		
16. What	kind of debts do	16a. Are your debts prin	narily consumer debtes c	lohto ara dafi - di da da da
you h		as "incurred by an indiv No. Go to line 16b.	idual primarily for a personal, family, or he	ousehold purpose."
		Yes. Go to line 17.		
		16b. Are your debts prim money for a business or	narily business debts? Business deb. r investment or through the operation of the	ts are debts that you incurred to obtain
		No. Go to line 16c. Yes. Go to line 17.		The second of the second secon
to #1241 ononeget to technology	antiessen an William (Sanga and Sanga an	16c. State the type of debts y None	ou owe that are not consumer debts or b	usiness debts.
7. Are yo Chapte	u filing under er 7?	☐ No. I am not filing under	Chapter 7. Go to line 18.	
any exc exclude admini are paid availab	estimate that after empt property is ed and strative expenses d that funds will be le for distribution ecured creditors?	✓ Yes. I am filing under Cha administrative expen ✓ No	pter 7. Do you estimate that after any exe ses are paid that funds will be available to	empt property is excluded and ordered and ordered creditors?
How ma	any creditors do	## \$66.00	1.000-5,000	
you est owe?	imate that you	50-99	5,001-10,000	25,001-50,000 50,001-100,000
min ne na producera a manegora de la com-	Ny ani Emilyana mat 1955 kwa tanàna ao ao ao ao	☐ 100-199 ☐ 200-999	10,001-25,000	More than 100,000
How me	ich do you	2 \$0-\$50,000	□ \$1,000,001-\$10 million	
be wort	your assets to h?	\$50,001-\$100,000	☐ \$10,000,001-\$50 million	□ \$500,000,001-\$1 billion □ \$1,000,000,001-\$10 billion
		\$100,001-\$500,000 \$500,001-\$1 million	\$50,000,001-\$100 million	\$10,000,000,001-\$50 billion
How mu	ch do you	reference a familia consequence and a contra de appropriate contra contra contra contra contra de la contra de Contra contra	□ \$100,000,001-\$500 million	More than \$50 billion
estimate	your liabilities	✓ \$0-\$50,000 ☐ \$50,001-\$100,000	\$1,000,001-\$10 million	\$500,000,001-\$1 billion
to be?		\$100,001-\$500,000	\$10,000,001-\$50 million \$50,000,001-\$100 million	\$1,000,000,001-\$10 billion
		☐ \$500,001-\$1 million	\$100,000,001-\$500 million	☐ \$10,000,000,001-\$50 billion☐ More than \$50 billion
t 7: Si	gn Below			wore than \$50 billion
you		I have examined this petition, as correct.	nd I declare under penalty of perjury that	the information provided is true and
		If I have chosen to file under Ch	napter 7, I am aware that I may proceed, it I understand the relief available under eac	
			d I did not pay or agree to pay someone wand read the notice required by 11 U.S.C.	9 342(D).
		request relief in accordance wil	th the chapter of title 11, United States Co	ode, specified in this petition.
	•	i understand making a false stat	ement, concealing property, or obtaining i	
		* Allento	X	
		Signature of Debtor 1	Signature	of Debtor 2
		Executed on 2/2//2	Executed (
Adaptetin was seen as		Y CG Proposition	TTT	MM / DD / YYYY

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Debtor 1	Donevette First Name Middle Nam	Evans ne Last Name	Case number (# known)			
represen If you are by an atto	attorney, if you are ted by one not represented orney, you do not le this page.	I, the attorney for the debtor(s) named in to proceed under Chapter 7, 11, 12, or 13 available under each chapter for which the notice required by 11 U.S.C. § 342(b) knowledge after an inquiry that the information	his petition, declare that I have ir of title 11, United States Code, a e person is eligible. I also certify and, in a case in which § 707(b)(ation in the schedules filed with th	formed and hav that I h	the e ex ave	debi plain deliv	ed the relief ered to the debtor(s)
		Signature of Attorney for Debtor	Date	ММ	1	DD	/YYYY
		Printed name				·	
		Firm name					
		Number Street			·		
		City	State	ZIP Co	ode		
		Contact phone	Email address	****			
		Bar number	State				
tvoorings ee same en se			RASSA KANSHI KANSHI KANSHI KANSA KANSA MARAMA M				

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Debtor 1	Donevette First Name Middle Name	5 Las	Evans I Name	Case number (if known)
ne Netherland of the Assignment			ttat nestatini in lingui et enemeli e in kutangen talan estat nangen estat ne	
bankrupt attorney If you are	f you are filing this cy without an	themse conseq	lves successfully. Becau uences, you are strongly	ial, to represent yourself in bankruptcy court, but you eople find it extremely difficult to represent use bankruptcy has long-term financial and legal or urged to hire a qualified attorney.
an attorn	ey, you do not [*] lle this page.	dismisse hearing, firm if you	or cooperate with the court, our case is selected for audit.	r file and handle your bankruptcy case. The rules are very may affect your rights. For example, your case may be required document, pay a fee on time, attend a meeting or case trustee, U.S. trustee, bankruptcy administrator, or audit If that happens, you could lose your right to file another cluding the benefit of the automatic stay.
		You mus court. Ev in your so property a also deny case, suc cases are	t list all your property and de en if you plan to pay a partic chedules. If you do not list a cor properly claim it as exemply you a discharge of all your other as destroying or hiding prograndomly audited to determ	bebts in the schedules that you are required to file with the cular debt outside of your bankruptcy, you must list that debt debt, the debt may not be discharged. If you do not list or, you may not be able to keep the property. The judge can debts if you do something dishonest in your bankruptcy operty, falsifying records, or lying. Individual bankruptcy nine if debtors have been accurate, truthful, and complete.
		If you dec hired an a successfu Bankrupto	ide to file without an attorney attorney. The court will not tre il, you must be familiar with t	y, the court expects you to follow the rules as if you had eat you differently because you are filing for yourself. To be the United States Bankruptcy Code, the Federal Rules of the court in which your page is filed. Ye
			ware that filing for bankruptonces?	y is a serious action with long-term financial and legal
		☐ No ☑ Yes		
			vare that bankruptcy fraud is or incomplete, you could be	a serious crime and that if your bankruptcy forms are fined or imprisoned?
		☐ No ☑ Yes		
		Yes. Na	me of Person	who is not an attorney to help you fill out your bankruptcy forms? arer's Notice, Declaration, and Signature (Official Form 119).
		By signing I	nere, I acknowledge that I un and understood this notice, a	nderstand the risks involved in filing without an attorney. I and I am aware that filing a bankruptcy case without an s or property if I do not properly handle the case.
	*	Signature of	THO E	***************************************
		Date	2-2-2018	Signature of Debtor 2 Date
		Contact phone	(708) 439-8266	MM / DD / YYYY Contact phone
		Cell phone	(708) 439-8266	Cell phone

Email address donevette.evans@gmail.com

Email address

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Debtor 1	Donevette		Evans
	First Name	Middle Name	Last Name
Debtor 2			
Spouse, if filing)	First Name	Middle Name	Last Name
nited States E	Bankruptcy Court for the	ne: Northern District of I	llinoie
		The state of the s	1015
Case number	-		
	(If known)		

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

. Schedule A/B: Property (Official Form 106A/B)		ssets of what you own
1a. Copy line 55, Total real estate, from Schedule A/B	. \$	0.00
1b. Copy line 62, Total personal property, from Schedule A/B	·	15,450.00
1c. Copy line 63, Total of all property on Schedule A/B	\$_	15,450.00
art 2: Summarize Your Liabilities		
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D		abilities tyou owe 27,887.25
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$	21,458.61
Your total liabilities	\$	49,345.86
rt 3: Summarize Your Income and Expenses		
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	1,909.88
Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	<u> </u>	

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Debtor 1	Donevette First Name Middle Name	Evans Last Name	Case number (if known)	
Part 4:				
estillation and fillian		for Administrative and Statistic	cal Records	
	u filing for bankruptcy under C			
☐ No. ☐ Yes	. You have nothing to report on th	is part of the form. Check this box and	submit this form to the court with you	r other schedules.
7. What k	ind of debt do you have?			ar ang aka anna mangan kannan kalaman kannan kannan ang manar kannan kalaman kannan kannan kannan kannan kanna Kannan kannan kanna
⊠ Yo u fam	ur debts are primarily consumer ily, or household purpose." 11 U.S	debts. Consumer debts are those "ir S.C. § 101(8). Fill out lines 8-9g for sta	ncurred by an individual primarily for a	personal,
L. You	ir debts are not primarily consult form to the court with your other s	mer dehte. Vou have nething to	ort on this part of the form. Check this b	ox and submit
8. From th Form 12	ne <i>Statement of Your Current M</i> 2A-1 Line 11; OR , Form 122B Lir	onthly Income: Copy your total currel ne 11; OR, Form 122C-1 Line 14.	nt monthly income from Official	s1,909.88
*******************				1,909.00
0. 0				t in the control of the transfer for the section of the control of the control of the control of the control of
a. Copy the	e tollowing special categories o	f claims from Part 4, line 6 of Sched	dule E/F:	
			Total claim	
From P	Part 4 on Schedule E/F, copy the	ofollowing:		
9a. Dome	estic support obligations (Copy line	e 6a.)	\$0.0	00
9b. Taxes	s and certain other debts you owe	the government. (Copy line 6b.)	\$0.0	<u>10</u>
9c. Claim	s for death or personal injury while	e you were intoxicated. (Copy line 6c.	\$0.0	<u>o</u>
9d. Stude	nt loans. (Copy line 6f.)		\$0.0	<u>o</u> ;
9e. Obliga priority	ntions arising out of a separation a / claims. (Copy line 6g.)	greement or divorce that you did not i	report as \$0.0	<u>.</u> <u>0</u>
9f. Debts	to pension or profit-sharing plans,	and other similar debts. (Copy line 6	h.) + \$ 0.00	<u>0</u>
9g. Total.	Add lines 9a through 9f.		\$0.00	2

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	s information to identify your case			
ebtor 1	Donevette First Name Middle Nam	Evans		
ebtor 2		Zuot (Kalijo		
	ng) First Name Middle Nam	Friest 149/198		
	es Bankruptcy Court for the: Northern D			
ise numbe	er			
				Check if this is a
)fficia	al Form 106A/B			amended filing
	·			
	edule A/B: Prop	be items. List an asset only once. If an asset fits in mor		12/15
tt 19 C	Describe Each Residence, Bui	complete and accurate as possible. If two married peopon. If more space is needed, attach a separate sheet to a). Answer every question. ilding, Land, or Other Real Estate You Own or Hard in the service interest in any residence, building, land, or similar pro	ave an interest in	
No. G	3o to Part 2.	, and, or similar pro	perty :	
⊶l Yes.¹	Where is the property?	What is the sure of the sure o		
		What is the property? Check all that apply. Single-family home	Do not deduct secured	claims or exemptions. Put
1.1. Str	eet address, if available, or other descript	Duplex or multi-unit building	Creditors Who Have Cla	red claims on Schedule Daims Secured by Property
		Condominium or cooperative Manufactured or mobile home	Current value of the	Current value of ti
		Land	entire property?	portion you own?
····		☐ Investment property	3	\$
City	/ State ZIP	Code Timeshare Other	Describe the nature interest (such as fee	simple, tenancy by
		Who has an interest in the property? Check one.	the entireties, or a li	fe estate), if known.
		Debtor 1 only		
Cou	inty	Debtor 2 only		
		Debtor 1 and Debtor 2 onlyAt least one of the debtors and another	Check if this is co	ommunity property
		Other information you wish to add about this it	•	
WALL DAVID	or have more than one, list here:	property identification number:		
AOM OMIT	the tribite than one, hat here.	What is the property? Check all that apply.		
you owi:		☐ Single-family home	Do not deduct secured clithe amount of any secure	d daime on Cohodula D.
2		Duplex or multi-unit building	Creditors Who Have Clair	ns Secured by Property.
2	et address, if available, or other descriptio	Condominium or cooperative	Current value of the entire property?	Current value of the
2	et address, if available, or other descriptio	Manufactured or mobile home		portion you own?
2	et address, if available, or other descriptic	Manufactured or mobile home Land	\$	\$
2. Stree		Manufactured or mobile home Land Investment property	\$	\$
2	et address, if available, or other descriptio	Manufactured or mobile home Land Investment property Timeshare Other Other	Describe the nature of interest (such as fee	Simple tenancy by
.2. Stree		Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one.	\$	Simple tenancy by
.2. Stree	State ZIP C	Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one. Debtor 1 only	Describe the nature of interest (such as fee	Simple tenancy by
Stree	State ZIP C	Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one.	Describe the nature of interest (such as fee	simple, tenancy by e estate), if known.

Page 12 of 60 Document Donevette Dehtor 1 Evans First Name Middle Name Case number (if known) Last Name What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put Single-family home 1.3 the amount of any secured claims on Schedule D. Street address, if available, or other description Creditors Who Have Claims Secured by Property. □ Duplex or multi-unit building Condominium or cooperative Current value of the Current value of the Manufactured or mobile home entire property? portion you own? Land investment property City ZIP Code ☐ Timeshare Describe the nature of your ownership Other interest (such as fee simple, tenancy by the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only Debtor 1 and Debtor 2 only Check if this is community property At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. 0.00 Part 2: **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles □ No ☑ Yes Ford Make: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put Escape Debtor 1 only Model: the amount of any secured claims on Schedule D. Creditors Who Have Claims Secured by Property. Debtor 2 only 2016 Year Debtor 1 and Debtor 2 only Current value of the Approximate mileage: 19552 Current value of the entire property? At least one of the debtors and another portion you own? Other information: ☐ Check if this is community property (see 10,000.00 0.00 instructions) If you own or have more than one, describe here: 3.2. Make: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put Model: Debtor 1 only the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Approximate mileage: At least one of the debtors and another entire property? portion you own? Other information: ☐ Check if this is community property (see 0.00 0.00 instructions)

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Doc 1

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Desc Main

Model:	Who has an interest in the property? Check one				·
***************************************	Debtor 1 only	the amount of	of any secu	red claime	On Schooling
Year:	Debtor 2 only	Creditors Wr	าo Have Cla	aims Secur	ed by Property
Ammanimate	Debtor 1 and Debtor 2 only	Current va	lue of the	e Curre	nt value of
	At least one of the debtors and another	entire prop	erty?		n you own
Other information:	POLICE CONTRACTOR AND ADMINISTRAÇÃO		0.00		
manang (K-aduluka gayapinak dibagan Karishina sa di panya pidakan kangga pangan bangga sa sa bangga sa sa bang	☐ Check if this is community property (see instructions)	\$	0.00	\$	0.0
, Make:	Who has an interest in the property? Check one.				
Model:		Do not deductive amount of	t secured of	aims or ex	emptions. Put
Year:	Debtor 1 only Debtor 2 only	Creditors Who	o Have Clai	ims Secure	n Schedule D d by Property
A	Debtor 1 and Debtor 2 only	Current val			it value of t
	At least one of the debtors and another	entire prope			it value of ti 1 you own?
Other information:					•
A Comment of the Comm	Check if this is community property (see instructions)	\$	0.00	\$	0.0
o es Make:	· · · · · · · · · · · · · · · · · · ·	Pries Do not deduct s	secured cla	ims or exer	nptions. Put
Make: Model: Year:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct s the amount of a Creditors Who I	any secured Have Claim	d claims on ns Secured	Schedule D: by Property.
Make: Model:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct s	any secured Have Claim	d claims on ns Secured Current	Schedule D: by Property.
Make: Model: Year:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct sithe amount of a Creditors Who i	any secured Have Claim	d claims on ns Secured Current	Schedule D: by Property. value of th you own?
Make: Model: Year: Other information:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct sithe amount of a Creditors Who i	any secured Have Claim e of the ty?	d claims on ns Secured Current	Schedule D: by Property. value of the
Make: Model: Year:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct sithe amount of a Creditors Who is current value entire proper	e of the ty?	d claims on as Secured Current portion	Schedule D: by Property. value of the you own?
Make: Model: Year: Other information: own or have more than one, fis	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct sithe amount of a Creditors Who I Current value entire proper \$ Do not deduct sethe amount of ar	ecured claim	Current portion	Schedule D: by Property. value of the you own? 0.00
Make: Model: Year: Other information: own or have more than one, list Make:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) there: Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct sithe amount of a Creditors Who is current value entire proper	ecured claim	Current portion	Schedule D: by Property. value of the you own? 0.00
Make: Model: Year: Other information: own or have more than one, lis Make: Model: Year:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) There: Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct sthe amount of a Creditors Who I Do not deduct sethe amount of ar Creditors Who H Current value Current value Current value	e of the ty? 0.00 ecured claims secured claims secured claims of the	Current portion \$ ms or exem claims on \$ \$ Secured b	Schedule D: by Property. value of the you own? 0.00 uptions. Put Schedule D: by Property.
Make: Model: Year: Other information: own or have more than one, list Make: Model:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) there: Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct sithe amount of a Creditors Who I Current value entire proper \$ Do not deduct set the amount of ar Creditors Who H	e of the ty? 0.00 ecured claims secured ave Claims of the	Current portion \$ ms or exem claims on \$ \$ Secured b	Schedule D: by Property. value of th you own? 0.00 iptions. Put Schedule D: by Property. value of the

5.

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Debtor 1

Donevette

Middle Name

Evans

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Case number (if known)

Describe Your Personal and Household Items

	Do you own or have any legal or equitable interest in any of the following items?	portion Do not de	value of the you own? educt secured claims
6	Household goods and furnishings	or exemp	tions.
	Examples: Major appliances, furniture, linens, china, kitchenware		
	□ No		
	Yes. Describe household furniture, linen, flatware, computer		
	And the state of t	\$	250.00
7.	Erodi Orica		
	Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; m collections; electronic devices including cell phones, cameras, media players, games		
		Anna ta da anna anna ann ann ann ann ann ann a	
	l elevision, cell phone, Microwaye oven	- Revolution -	100.00
8	Collectibles of value	\$	100.00
	Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe		
	Yes, Describe	No the state of the old an elementary and the state of	
	Faultment for courts	\$	0.00
9.	Equipment for sports and nobbles		
	Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; can and kayaks; carpentry tools; musical instruments	oes	
	No Yes, Describe		
	Yes. Describe		
	Firearms	\$	0.00
	, it constitutes	and the first of the second se	
	Examples: Pistols, rifles, shotguns, ammunition, and related equipment No		
	☑ No ☐ Yes. Describe		
		[0.00
11. (Clothes	a	0.00
	·		
ĺ	Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories D No		
	☑ No ☑ Yes. Describe Everyday Clothes, shoes		
	Lveryday Clothes, snoes	\$	100.00

	ewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver		
	7 You Describe		
	2 Yes. Describe	haman mengangan manggan mengangan men	
a Mi	On-farm animals	\$	0.00
		and the second comments of	
	xamples: Dogs, cats, birds, horses		
	No No Describe		
_	- 163. Describe		
. Ai	ny other personal and household items you did not already list, including any health aids you did not list	\$	0.00
V	No		
	Yes. Give specific		
	information .	and the state of t	0.00
	and a standard control of the standard control of the standard	\$	0.00
A(Id the dollar value of all of your entries from Part 2 implication and the second seco		
	r Part 3. Write that number here	\$	450.00

Last Name

Document

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Debtor 1

Donevette

Middle Name

Evans

Case number (if known)__

Do you own or have a	ny legal or equitable interest in an	of the following?		portion yo	ict secured clair
16. Cash				•	
Examples: Money yo	u have in your wallet, in your home,	n a safe deposit box, and on hand when you file your	petition		
☐ No					
✓ Yes		Cash:	***************************************	\$	0.00
				4	0.00
7. Deposits of money <i>Examples:</i> Checking, and other	savings, or other financial accounts; similar institutions. If you have multip	certificates of deposit; shares in credit unions, broker le accounts with the same institution, list each.	age houses,		
₩ No	·	Santa Montation, list each.			
☐ Yes	Ins	litution name:			
	17.1. Checking account:				
	17.2. Checking account:			\$	0.00
	17.0 Casimus			\$	0.00
				\$	0.00
				\$	0.00
				\$	0.00
	17.6. Other financial account:			\$	0.00
	17.7. Other financial account:			s	0.00
	17.8. Other financial account:			\$ \$	0.00
	ama da a a a a a a a a a a a a a a a a a			***************************************	0.00
				\$	0.00
Bonds, mutual funds, Examples: Bond funds, in No in Yes	or publicly traded stocks investment accounts with brokerage Institution or issuer name:	firms, money market accounts			
			S		0.00
			\$		0.00

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Donevette Debtor 1 Evans Middle Name Case number (if known)___ First Name Last Name 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No No Yes. Give specific Issuer name: information about them..... 0.00 0.00 0.00 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No No Yes. List each account separately. Type of account: Institution name: 401(k) or similar plan: 0.00 Pension plan: 0.00 IRA: 0.00 Retirement account: 0.00 Keogh: 0.00 Additional account: 0.00 Additional account: 0.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others 2 No ☐ Yes..... Institution name or individual: Electric: 0.00 Gas: 0.00 Heating oil: 0.00 Security deposit on rental unit: 0.00 Prepaid rent: 0.00 Telephone: 0.00 Water: 0.00 Rented furniture: 0.00 Other: 0.00 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ZI No Yes Issuer name and description: 0.00

0.00

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Debtor 1	Donevette		Evans	•		
	First Name	Middle Name	Last Name	Case number (if known)		
☑ No	00 (/(-//	(U), and O2	count in a qualified ABLE program, or 9(b)(1).	under a qualified state tuition progr	am.	
☐ Yes		Institutio	n name and description. Separately file th	e records of any interests.11 U.S.C. § 9	521(c):	
		0.00			\$	0.0
					\$	0.0
					\$	0.0
25. Trusts, e exercisa	equitable or futu able for your be	ire interests in nefit	property (other than anything listed in	line 1), and rights or powers		
No						
Yes.	Give specific	The second section of the sec	an an ann agus an air the Arabakha ann an Falain an ann an air an air an			
inforn	nation about the	m			\$	0.0
26. Patents,	copyrights, tra	demarks, trade	secrets, and other intellectual property			
☑ No	s. internet doma:	n names, websi	es, proceeds from royalties and licensing	agreements		
	Give specific	2-10-000p-1-10-00-01-00-01				
inform	nation about ther				\$	0.0
7. Licenses	, franchises, an		Internalia	areas and an areas and an areas areas and an areas and areas areas and areas areas areas areas areas areas are		
Examples	: Building permit	s, exclusive lice	nses, cooperative association holdings, lic	JUOT licenses, professional licenses		
Z No			, , ,	to licenses		
Yes. G	ive specific	mente de la secreta de la termina e la companya de	ernammen fallen andere engelstemmen folgen en en met folgen som en men en folgen en met folgen en en folgen en	Paramonda (American) de Comercia de Comerc	A	
inform	ation about then	1	MARS IN CONTROL OF THE PROPERTY OF THE PROPERT		\$	0.00
Money or pro	perty owed to	you?		Afficial and stade on mental formulary regionally a manuscriptures and analysis of a region or manufactures and an artist and analysis and a survey of the state	·	
				•	portio Do not e	nt value of the n you own? deduct secured or exemptions.
	ls owed to you					- onompaono.
2 No						
	ive specific information included the specific included them.			Federal:	¢.	0.00
yo	u already filed th	ne returns		State:	\$	
an	d the tax years.				\$	0.00
			A - None - Committee - Section - Committee	Local:	\$	0.00
Family sup						
Examples:	Past due or lump	sum alimony, s	pousal support, child support, maintenand	ce, divorce settlement, property settlem	ient	
IAO			- Wedden commence of the comme			
es. Git	ve specific inforn	nation				
		:		Alimony:	\$	0.00
		:		Maintenance:	\$	0.00
		***		Support:	\$	0.00
				Divorce settlement:	\$	0.00
Other amou	ints someone o	Wes vou	The second of the second secon		δ	0.00
<i>⊏xamples:</i> ∟	Inpaid wages, di	sability insuranc	e payments, disability benefits, sick pay, vo	vacation pay, workers' compensation.		
Z No	= = = = = = = = = = = = = = = = = =		oans you made to someone else	,,		
	e specific inform	ation	and the state of t	and a construction of the state	~~- ₁	
	,,					0.00
		No compa	come per demonstrative and the second		· •	U.UU

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Debtor 1	Doueselle	Evans	_		
	First Name Middle Name	Last Name	Case number (if known)		
04 4-44					
31. Interes	ts in insurance policies	1			
☑ No	os. Floater, disability, or life insura.	nce; nealth savings account (HSA); c	credit, homeowner's, or renter's insurance		
	. Name the insurance company				
	of each policy and list its value	Company name:	Beneficiary:	Sumende	er or refund value
					0.00
				\$	0.00
32 Any inte	aract in property that to the			\$	0.00
property	erest in property that is due you e the beneficiary of a living trust, e because someone has died.	from someone who has died xpect proceeds from a life insurance	policy, or are currently entitled to receive		
☑ No			the second secon		
	Give specific information		And the state of t	erin service and a figure	
	:			\$	0.00
33. Claims a Example	against third parties, whether or	not you have filed a lawsuit or ma- s, insurance claims, or rights to sue	de a demand for payment	A Controlled you specified	
No	, and a substitution of the substitution of th				
Yes.	Describe each claim.	the desired and the second transfer of the second second of the second second second second second second second	an ann an tagaig na an ann an tagaig na ann an tagaig	no common ego g	
	į.		The state of the s		0.00
34. Other co	ntingent and unliquidated claims	s of every nature, including counte	erclaims of the debter and the	\$	0.00
to set on ☑ No	claims		Acidans of the deptor and rights		
	Describe each claim.				
- 100.1				i	
	****	and the state of t	the control of the state of the	<u> </u>	0.00
25 Anu finan	atal and a				
	cial assets you did not already i				
2 N₀	Non-acceptance of		tamontaji te risma i manatajingkir manjilaman ayerdinaji se man iligalarmani e man jilad manji ban		
Tes. (Sive specific information			_	0.00
					0.00
36. Add the d	ollar value of all of your entries	from Part 4, including any entries	for pages you have attached		
IOI FAIL 4.	. write that number here		for pages you have attached	\$	0.00
Vietnie in National Com-					
Part 5:	escribe Any Business-Re	elated Property You Own o	r Have an Interest In. List any	maml4-4	
37. Do vou ov	in or have one level		List any	rear estate	in Part 1.
No. Go	to Part 6	interest in any business-related p	roperty?		
	o to line 38.				
700.01	o to title Jo.				
				Current value	of the
				portion you o	wn?
				Do not deduct se or exemptions.	ecured claims
38. Accounts r	eceivable or commissions you a	liready earned		or oxemptions.	
☑ No	CONTROL OF THE PROPERTY OF THE				
Yes. De	scribe		The state of the s	• • •	
		The second section of the second section of the second section of the second section of the section of the second section of the section of the second section of the sect		\$	0.00
39. Office equi	pment, furnishings, and supplied		and the second s		
Z No	siness-related computers, software, mo	odems, printers, copiers, fax machines, rug	gs, telephones, desks, chairs, electronic devices		
Yes. De		with the many statement account of histographs a transfer country a superfer country of			
- res. Des	>いiいせ			1 c	
	I manufacture and a second sec			Φ	

39.

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First Name	Middle Name	Evans	Case number (if known)		
			· /		
40. Machinery, fixtures,	equipment, supplies y	ou use in business, and tools of yo	our trade		
₩ No					
Yes. Describe			to a complete an option and the second of	No. of the last of	
	Control of the contro	tankantaning di merantiggan kuchan da penjangan menjak pelanda berain (planta taning penantanina menanta kan	AMAZI	\$	0.
1. Inventory			en e		
☑ No	The same of the same of the same same of the same of t	g degree from the first control of the control of t			
Yes. Describe				and the same of th	
	e de seu se se seu como seu como en se La como en seu	terrina articular successiva de constitución de come de seguina de la constitución de constitución de seguina	an tau tima alga maga tigagag atau takya mirana tigaskya mana algan ya katibik ki mirana taka katimanakya.	\$	0.0
2. Interests in partnersh	ips or joint ventures				
₩ No					
Yes. Describe	Name of entity:				
			% of owners	ship:	
				\$	
				\$	0.0
_			%	\$	0.0
Customer lists, mailing	g lists, or other compi	ilations			
	include nemerals, sa-				
□ No		entifiable information (as defined in			
Yes. Descr	ibe	e market and Suddensia and manager and desirable for the training and another section of the section of the sec	and the first of t	Strategy and the strate	
	·			\$	0.0
Amerika da a a a a a	erre remandado de	sa mar, aras sa atau s	ente esca necesario escapativo de procesa escapato esta escapata de contrator de consecuente que manera de com		0.0
Any business-related p	property you did not a	Iready list			
Yes. Give specific					
information				\$	
	<u> </u>				
_				_	
				\$	
Add the date				\$	···
Add the dollar value of for Part 5. Write that no	all of your entries from	m Part 5, including any entries for p	pages you have attached		0.00
	moci nere	mr of the first to		→ ⁵	0.00
				<u> </u>	
ri 6: Describe Anv	Farm- and Commo	roioi Finhiaa Balata 1 B			
If you own or h	ave an interest in farm	ercial Fishing-Related Property	You Own or Have an Intere	st In.	
Oo you own or have any No. Go to Part 7.	legal or equitable inte	erest in any farm- or commercial fis	hing-related property?		- 2
No. Go to Part 7. Yes. Go to line 47.			e e e e e e e e e e e e e e e e e e e		
THE TENTON					
				Current valu	e of the
				portion you	own?
arm animals				Do not deduct : or exemptions.	secured claims
xamples: Livestock, poul	try, farm-raised fish			,	
〕 №					
] Yes	 ** Confere & ** Resolver** (Conference & ** Resolver** & ** Resol	ka taka na na angana a namana magamana 5, na ao 18, ma man 5, ao 18, ma angana an ana an an an an an an an an			
11.00				eran .	
	Magaziri anagaziri a			\$	

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Deptor 1 Dollevette	Evans				
First Name Last Name Last Name			Case number (if known)		
48. Crops—either growing or harvested					
,					
✓ No ☐ Yes. Give specific	STA STATEMENT OF THE PROPERTY	************************************	and the second section of the section of t	the administrating are made in a threshold, and a company of	
information				S	0.00
49. Farm and fishing equipment, implements, machinery, fi	ixtures, and	tools of trade	naman pagaman nga sana didika Hamban (Mamana an maga Pakama) ikina dibibahan da		····
Yes					
				in the second	
50 Farm and ficking appella	- Section recommended and analysis of the section of	Printernature and American American	erinn 845 januari (m. 1947). Projektori irk Salvindon 18. meta 842 (Sal Salvino), 6 carino 14.	s	0.00
50. Farm and fishing supplies, chemicals, and feed No					
Yes	······································	ower to American market many to the american party of the company	Name of the American II amount for South America a country of a 144 march of the American Ame		
				The state of the s	0.00
51. Any farm- and commercial fishing-related property you	did 554 +1	-1 ** «		<u> </u>	0.00
KJ NO					
Yes. Give specific information.				į	
		· · · · · · · · · · · · · · · · · · ·		\$	0.00
52. Add the dollar value of all of vour entries from Doct 6 in.	ada adda a				0.00
for Part 6. Write that number here	******************************	***************************************		→	0.00
Part 7: Describe All Property You Own or Ha	ve an inte	erest in That	You Did Not List Ab	-	
53. Do you have other property of any kind you did not alrea			THE LIST AD	ove	
Examples: Season tickets, country club membership					
☑ No		me \$150 mar \$10 \$150 a \$100 mary 10 40 \$100 a \$100 mary 10	te teman a tempe tempe a tempe		
Yes. Give specific information				\$	0.00
				\$	0.00
		····	the first one of the Section of the	\$	0.00
54. Add the dollar value of all of your entries from Part 7. Write	te that numb	ner here			0.00
		or note		→ [\$	0.00
Part 8: List the Totals of Each Part of this Each					
Part 8: List the Totals of Each Part of this For	(m)				
55. Part 1: Total real estate, line 2					0.00
56. Part 2: Total vehicles, line 5				· → \$	0.00
	\$	10,000.00			
57. Part 3: Total personal and household items, line 15	\$	450.00			
58. Part 4: Total financial assets, line 36		0.00			
	\$	0.00			
59. Part 5: Total business-related property, line 45	\$ \$	0.00			
59. Part 5: Total business-related property, line 45	\$ \$ \$_				
	\$ \$ \$ +s	0.00			
60. Part 6: Total farm- and fishing-related property, line 52	\$\$ \$ \$ +\$	0.00 0.00 0.00			
60.Part 6: Total farm- and fishing-related property, line 52	\$ \$ +_\$	0.00 0.00 0.00	opy personal property total	→ +\$1	0,450.00
60. Part 6: Total farm- and fishing-related property, line 52		0.00 0.00 0.00 10,450.00		→ +s1	0,450.00

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Debtor 1	Donevette		Evans
	First Name	Middle Name	Last Nams
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for th	ne: Northern District of II	linois
Case number			
(if known)			TARE

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

	Part 1: Ident	ify the Property You Claim			
1	You are cla	exemptions are you claiming? aiming state and federal nonban aiming federal exemptions. 11 L	kruptcy exemptions 11	f your spouse is filing with you. U.S.C. § 522(b)(3)	
2.	For any prope	rty you list on <i>Schedule A/B</i> t	hat you claim as exem	pt, fill in the information below.	
	Brief descripti Schedule A/B	ion of the property and line on that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Check only one box for each exemption.	
	Brief description:	Household Furniture	\$ <u>250.00</u>	☑ \$ 250.00	735ILCS5/121001(b)
	Line from Schedule A/B;	6		☐ 100% of fair market value, up to any applicable statutory limit	
	Brief description:	Everyday Clothing	\$ <u>100.00</u>	⊿ s 100.00	735ILCS5/121001(a)(e)
	Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	
	Brief description:	Electronics	\$ <u>100.00</u>	☑ \$ 100.00	735ILCS5/121001(b)
	Line from Schedule A/B:	7		☐ 100% of fair market value, up to any applicable statutory limit	
3.	(Subject to adjust No		ears after that for cases	filed on or after the date of adjustment.) ,215 days before you filed this case?	
	Yes				

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Debtor 1

Donevette	Middle Name	Evans	Case number (if known)	
	INICOIG MATTIE	Last Name	(I MINN)	

Part 2: Additional Page

Brief descript on Schedule	ion of the property and line A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemptio
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	2016 Ford Escape	\$10,000.00		735ILCS5/121001(b)
Line from Schedule A/B:	No.		100% of fair market value, up to any applicable statutory limit	***
Brief description:	And the second s	\$	 s	
Line from Schedule A/B:	Week and the first state of the		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	- \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	- s	
Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	_ \$	
Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	□ \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	- s	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description: -		\$		
Line from Schedule A/B: -	-		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description: -		\$		
Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	
Brief description: -	20124	\$	• \$	· · · · · · · · · · · · · · · · · · ·
Line from	***************************************		100% of fair market value, up to any applicable statutory limit	
Brief description:	***************************************	\$	3 s	
Line from Schedule A/B: —	The Value American Artifician		100% of fair market value, up to any applicable statutory limit	
Brief description: —		\$	□ \$	
Line from Schedule A/B:	***************************************		100% of fair market value, up to any applicable statutory limit	

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ebtor 1	Donevette		Evans
	First Name	Middle Name	Last Name
Debtor 2			
Spouse, if filing)	First Name	Middle Name	Last Name
Spouse, if filing)		Middle Name se: Northern District of II	

☑ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below.

As much as possible, list the claims in alp	more than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2. chabetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
Gateway Financial Solutions Creditor's Name	Describe the property that secures the claim:	\$27,887.25	s 10,000.00 s	. 0.00
PO Box 3257 Number Street	2016 Ford Escape		·	
Saginaw MI 48605 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)			
community debt Date debt was incurred	Locald IS to			
Date debt was incurred	Last 4 digits of account number Describe the property that seemes the above.	errophy literature for proceeding the following property through project following project following the project following the following project following project following project following the following project	damp file good has he on go limp his his his morpet good body with problement for the softening design	Polity Station who were stated a participant of the Station of the
Date debt was incurred	Last 4 digits of account number Describe the property that secures the claim:	arrang bali na manan sa kalama da pangangkana ang da da sa manan ang da da sa manan ang da kalama da sa manan B	the right assisses are an effective establishment as the last of a solvent field which are designed used the solution of the last of the l	PHANISTIC A Someon that have been placed and produced the continues of the
Date debt was incurred		ar objective star and the star of the star	to the second se	Polity side die Armen (19 de side en 19
Date debt was incurred 2 Creditor's Name Number Street City State ZIP Code			territa essere en esta esta esta esta esta esta esta esta	Michigan de servero per a activa de compositorio de servero per a activa de compositorio de compositorio de co
Date debt was incurred 2 Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one.	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	MARIO POR PRIMARIO E CONTRACTOR POR PROPERTURA DE PROPERTU	ter of a core are give plantineous plantineous plantineous plantineous plantineous productions and a second production of the second plantineous plant	#EACHER de norman perde a militar ang pelandan
Date debt was incurred 2 Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien)	ren Agich chemical et a Guest beginn Navior egis de l'anne Arteritation	to the second control of the second control	PANIA di sebenati sekendang pilatining
Date debt was incurred 2 Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit		ter the entire the title t	MANA de de entre de de participa de la companya de
Date debt was incurred 2 Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien)		der (d. 2004 to the Care Care Care Care Care Care Care Car	PCANIES and an element to the west level and an element to the contract of the

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V55000000 Decompos visios		Docui	ment	Page 24 of 60
Fill in this i	nformation to ide	entify your case:		
Debtor 1	Donevette First Name	Middle Name	Evans Last Name	
Debtor 2 (Spouse, if filing)		Middle Name	Last Name	
United States	Bankruptcy Court for	r the: Northern District of Illinois		
Case number (If known)				Check if this is an amended filing
Official F	orm 106E	/F		
Schedu	ıle E/F: C	reditors Who L	lavo I	Unconwed China

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the

art 1: List All of Your PRIORITY Unsecu	red Claims			
unsecured claims, fill out the Continuation Page o	creditor has more than one priority unsecured claim, list the factain has both priority and nonpriority amounts, list the claims in alphabetical order according to the creditor's national fact that the creditor holds a particular claim instructions for this form in the instruction booklet.)	ai ciaim nere a	かん らかへいょ トムけ	
٦	250,100.7	Total claim	Priority amount	Nonpriority
Priority Creditor's Name	Last 4 digits of account number	\$		amount
Number Street	When was the debt incurred?	Y	<u> </u>	\$
	As of the date you file, the claim is: Check all that apply.			
City State ZIP Code	Contingent			
Who incurred the debt? Check one.	☐ Unliquidated			
Debtor 1 only	☐ Disputed			
Debtor 2 only				
Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
At least one of the debtors and another	Domestic support obligations			
☐ Check if this claim is for a community debt	Taxes and certain other debts you owe the government			
	Claims for death or personal injury while you were			
Is the claim subject to offset?	infoxicated			
☐ Yes	Other. Specify			
A CONTRACTOR CONTRACTOR CONTRACTOR AND A CONTRACTOR CON		CONTRACTOR CONTRACTOR LABORRA		
Priority Creditor's Name	Last 4 digits of account number \$		\$	C C C C C C C C C C C C C C C C C C C
Number Street	When was the debt incurred?			
Siteet	As of the data was till the			
	As of the date you file, the claim is: Check all that apply.			
City State ZIP Code	Contingent Unliquidated			
Who incurred the debt? Check one.	Unliquidated Disputed			
Debtor 1 only	Disputed			
Debtor 2 only	Type of PRIORITY unsecured claim:			
Debtor 1 and Debtor 2 only	Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the government			
☐ Check if this claim is for a community debt	Claims for death or personal injury while you were intoxicated			
Is the claim subject to offset?	Other. Specify			

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Debtor 1

Donevette First Name

•	Middle Name	1 set Ne

Evans

Case number (if known)

Part 1: Your PRIORITY Unsecured Claims — Continuation Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. Total claim Priority Nonpriority amount amount Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent ZIP Code Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were Check if this claim is for a community debt intoxicated Other, Specify Is the claim subject to offset? □ No ☐ Yes Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. ☐ Contingent State ZIP Code Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another ☐ Claims for death or personal injury while you were Check if this claim is for a community debt intoxicated Other, Specify Is the claim subject to offset? ☐ No Yes Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Street As of the date you file, the claim is: Check all that apply. Contingent ZIP Code Unfiguidated ☐ Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only ☐ Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were ☐ Check if this claim is for a community debt intoxicated Other, Specify is the claim subject to offset? ☐ No Yes

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Debtor 1

Donevette

Middle Name

Case number (if known)_

	Part 2: List All of Your NONPR	IORITY I	Unsecured Clai	ms		
3	. Do any creditors have nonpriority	Unsecure	d claims against	vov2		
	No. You have nothing to report in	this part.	Submit this form to	o the court with your other schedules.		
4	List all of your nonpriority unsecur nonpriority unsecured claim, list the c included in Part 1. If more than one c claims fill out the Continuation Page of	red claims creditor se reditor hol of Part 2.	s in the alphabetic parately for each c ds a particular clai	cal order of the creditor who holds each claim. If a creditor halm. For each claim listed, identify what type of claim it is. Do not, list the other creditors in Part 3.If you have more than three	nas more not list c nonprio	e than one laims already rity unsecured
	٦				:\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	tal claim
4.1	MaxLend			Last 4 digits of account number 6 2 0 9	10	tai Claim
	Nonpriority Creditor's Name				s	1,000.00
	PO Box 639 Number Street			When was the debt incurred?	,	
	Parshall,	ND	58770			
	City	State	ZiP Code	As of the date you file, the claim is: Check all that apply.		
				Contingent		
	Who incurred the debt? Check one.			Unliquidated		
	Debtor 1 only			Disputed		
	Debtor 2 only					
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another			☐ Student loans		:
	Check if this claim is for a commit	unity debt		Obligations arising out of a separation agreement or discover		
	Is the claim subject to offset?			mat you did not report as priority claims		
	🗖 No			Debts to pension or profit-sharing plans, and other similar debters. Other. Specify Personal Loan	ts	
	☐ Yes			Ciner. Specify Fersonal Loan		
2	RISE	nites es a chemony a technology	er 1995 de la statement personale antique de la statement de la statement de la statement de la statement de l	tion to the SE SE considerate which was also seen to the content of the SE considerate o		
	Nonpriority Creditor's Name			Last 4 digits of account number 0 6 4 8	\$	2,626.48
	PO Box 101808			When was the debt incurred?		-
	Number Street			<u> </u>		
	Fort Worth	TX	76185	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	<u> </u>		1
	Who incurred the debt? Check one.			Contingent Unliquidated		
	Debtor 1 only			Disputed		
	Debtor 2 only			Dispated		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		•
	At least one of the debtors and another			☐ Student loans		:
	Check if this claim is for a commu			Obligations anising out of a separation agreement or divorce		
		nity debt		triat you did not report as priority claims		
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts		
	Yes			Other Specify Personal Loan		
7		UNDELLO SELECTION DEL PARTE	en e	AMPERIOR CONTRACT OF CONTRACT AND CONTRACT OF CONTRACT		
	Great Lakes Specialty Finance Nonpriority Creditor's Name	d/b/a C	heck n GO	Last 4 digits of account number	PERSON SERVICES	CONTRACTOR PROPERTY CONTRACTOR CO
				When was the debt incurred?	\$	3,000.00
	100 Commercial Drive					
	Fairfield	ОН	45014			
	City	State	ZIP Code	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one.			Contingent		:
	Debtor 1 only			Unliquidated		
	Debtor 2 only			Disputed		
	Debtor 1 and Debtor 2 only			·		
	At least one of the debtors and another			Type of NONPRIORITY unsecured claim:		i
				☐ Student loans		
	- The community of a community	ity debt		Obligations arising out of a separation agreement or diverse		1
	s the claim subject to offset?			that you do not report as priority claims		:
	No No			Debts to pension or profit-sharing plans, and other similar debts		
	Yes			Other. Specify Auto Loan-Repossessed		

Middle Name

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Debtor 1

Donevette

Document Evans

Case number (if known)_

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

Last Name

envenig any entries on this page, nu	ımber th	em beginning w	ith 4.4, followed by 4.5, and so forth.	T)	otal clai
ComEd			Last 4 digits of account number	-	654.
Nonpriority Creditor's Name PO Box 6111 Number Street			When was the debt incurred?	\$	004.
Carol Stream	IL	60197	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	✓ Contingent		
Who incurred the debt? Check one.			Unliquidated		
Debtor 1 only			☐ Disputed		
Debtor 2 only			Time of MOMPHODISM		
Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
At least one of the debtors and another			Student loans		
Check if this claim is for a commun	ity dahi		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	ity debt		Debts to pension or profit-sharing plans, and other similar debts		
ls the claim subject to offset?			Other. Specify Utility Bill		
Comcast Corporation	i Comente em teles April espezie.	the Charles was a file of the state of the s	despense of the second of the	ing and a second second	rimums quiqueque,
Nonpriority Creditor's Name			Last 4 digits of account number	\$	356.2
1500 Market Street C/O Custon	ner Ser	vice Dept	When was the debt incurred?		
	PA	19102	As of the date you file, the claim is: Check all that apply.		
ity	State	ZIP Code	Contingent		
Vho incurred the debt? Check one.			Unliquidated		
Debtor 1 only			☐ Disputed		
Debtor 2 only			T (NONE)		
Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
At least one of the debtors and another			Student loans		
			Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a communit	y debt		you did not report as phonty claims		
the claim subject to offset?			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Cable Bill		
Í No I Yes			The state of the s		
licor Gas	en title et steamer egengter	metal metalogica statuneta apparet reminet une apparet remi		s 4	454.0
onpriority Creditor's Name			Last 4 digits of account number 3 2 9 7	Ψ	
O Box 5407			When was the debt incurred?		
mber Street			With a second and the		
arol Stream	L	60197	As of the date you file, the claim is: Check all that apply.		
Sta	ate	ZIP Code	✓ Contingent		
ho incurred the debt? Check one.			☐ Unliquidated		
Debtor 1 only			☐ Disputed		
Debtor 2 only			- Aug		
Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
At least one of the debtors and another			Student loans		
			Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a community	debt		you do not report as priority claims		
the claim subject to offset?			☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Utility Bill		
No			► Outer, Specify Othery Diff		

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Debtor 1

Donevette

ame	3.6141414	A.L.	
airie	Middle	Name	 d p

Case number (if known)_

List Others to Be Notified About a Debt That You Already Listed

		and the same of th
2, then list the collection	n agency here Cimitante term t	it your bankruptcy, for a debt that you already listed in Parts 1 or 2. For you for a debt you owe to someone else, list the original creditor in Parts 1 or ever more than one creditor for any of the debts that you listed in Parts 1 or 2, list the sons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.
Enhanced Recove	ry Corporation	On which entry in Part 1 or Part 2 did you list the original creditor?
PO Box 57547 Number Street Original Creditor: U	Inknown	Line of (Check one): Part 1: Creditors with Priority Unsecured Claim Part 2: Creditors with Nonpriority Unsecured Cl
Jacksonville	FL 32241	Last 4 digits of account number

PO Box 57547			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street Original Creditor: Ur	nknown		Part 2: Creditors with Nonpriority Unsecured Claims
Jacksonville	FL	32241	Last 4 digits of account number
City		ZIP Code	
Diversified Adjustme	ent Services		On which entry in Part 1 or Part 2 did you list the original creditor?
600 Coon Rapids Bly	vd NW		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Claims Part 2: Creditors with Nonpriority Unsecured
Coon Rapids City	MN State	55433 ZIP Code	Last 4 digits of account number
Credit Management		a de cambilla d'Andreille an Laciminato Agra Benderla Callania anna a	On which entry in Part 1 or Part 2 did you list the original creditor?
4200 International Pa	arkway		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street Original Creditor: Unl	known		Claims Part 2: Creditors with Nonpriority Unsecured
Carrollton	TX	75007	Last 4 digits of account number
Enhanced Recovery		ZIP Code	
PO Box 57547			On which entry in Part 1 or Part 2 did you list the original creditor?
Number Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Original Creditor: Unk	nown		Claims Part 2: Creditors with Nonpriority Unsecured
Jacksonville City	FL State	32241 ZIP Code	Last 4 digits of account number

Varne			On which entry in Part 1 or Part 2 did you list the original creditor?
lumber Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
			Claims Part 2: Creditors with Nonpriority Unsecured
The control of the co	State	ZIP Code	Last 4 digits of account number
lame			On which entry in Part 1 or Part 2 did you list the original creditor?
umber Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Sirect			Claims Part 2: Creditors with Nonpriority Unsecured
ty	State	Z/P Code	Last 4 digits of account number
ame			On which entry in Part 1 or Part 2 did you list the original creditor?
mber Street		· · · · · · · · · · · · · · · · · · ·	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
			Claims Part 2: Creditors with Nonpriority Unsecured
/	State	ZIP Code	Last 4 digits of account number

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Debtor 1

Don	evette
~~	ACITO

Middle Name

Evans

Case number (if known)_

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim	
Total claim	s 6	a. Domestic support obligations	6a	\$_	0.00
nom raję j	6	b. Taxes and certain other debts you owe the government	6b	\$	0.00
	. 6	c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	60	d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+\$	0.00
	6e	e. Total. Add lines 6a through 6d.	6e.	\$	0.00
				Total claim	
Total claims from Part 2	6f.	Student loans	6f.	\$	0.00
ion Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	_	*	
	6h.	Debts to pension or profit-sharing plans, and other	6g.	\$	0.00
		similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$	9,971.01
	6j. 1	Fotal. Add lines 6f through 6i.	6 j.	\$	9,971.01

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Fill in this information to identify your case	9:	
Debtor 1 Donevette	Evans	
Debtor 2	ame Last Name	
(Spouse, if filing) First Name Middle Na	cust righte	
United States Bankruptcy Court for the: Northern I	District of Illinois	
Case number(If known)	**************************************	Check if this is a amended filing
Official Form 106E/F		
schedule E/F: Creditor	's Who Have Unsecu	red Claims 12/15
/B: Property (Official Form 106A/B) and on a reditors with partially secured claims that ar seded, copy the Part you need, fill it out, nu my additional pages, write your name and ca	Schedule G: Executory Contracts and Unre listed in Schedule D: Creditors Who Hamber the entries in the boxes on the left. see number (if known).	ims and Part 2 for creditors with NONPRIORITY claims. in a claim. Also list executory contracts on Schedule nexpired Leases (Official Form 106G). Do not include any lave Claims Secured by Property. If more space is . Attach the Continuation Page to this page. On the top of
It 1: List All of Your PRIORITY Uns		
Do any creditors have priority unsecured No. Go to Part 2.	claims against you?	
Yes.		
List all of your priority unsecured claims	If a creditor has more than one priority upon	ecured claim, list the creditor separately for each claim. For
nonpriority amounts. As much as possible, lie	t the claims is slate to the	ecured claim, list the creditor separately for each claim. For ity amounts, list that claim here and show both priority and to the creditor's name. If you have more than two priority is a particular claim, list the other creditors in Part 3.
(For an explanation of each type of claim, see	the instructions for this form in the instructi	ion booklet.)
		Total claim Priority Nonpriorit
		amount amount
disregard not needed Priority Creditor's Name	Last 4 digits of account number	\$ \$\$
	When was the debt incurred?	
Number Street		**************************************
	As of the date you file, the claim is:	Check all that apply
City State ZIP Code	Contingent Un/iquidated	
Who incurred the debt? Check one.	Disputed	
Debtor 1 only Debtor 2 only		
Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured clair	m:
At least one of the debtors and another	 Domestic support obligations 	
	Taxes and certain other debts you ow	We the government
Check if this claim is for a community del	Claims for death or personal injury wh	hile you were
Is the claim subject to offset?	intoxicated	
FT	Other. Specify	The state of the s
en en worden einer das det det de benede productivale many des de per president de productivale de de person de model de receit de l'anne de l'ann		
Priority Creditor's Name	Last 4 digits of account number	\$ \$ \$
	When was the debt incurred?	5
Number Street	TAN-ALI-	The state of the s
	As of the date you file, the claim is: C	Sheck all that apply.
City State 7D Code	Contingent	
- Date Zir Code	Unliquidated	
Who incurred the debt? Check one. Debtor 1 only	Disputed	
	Type of PRIORITY unsecured claim	
		1 *
Debtor 2 only	Domestic support obligations	n:
Debtor 2 only Debtor 1 and Debtor 2 only	Domestic support obligations	
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	 Domestic support obligations Taxes and certain other debts you owe 	e the government
Debtor 2 only Debtor 1 and Debtor 2 only	 Domestic support obligations Taxes and certain other debts you owe 	e the government ile you were

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Debtor 1

Donevette First Name

Middle Name

Case number (if known)____

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

er រទេបកថ្ង any entries on this p	age, number the	em beginning wi	th 4.4, followed by 4.5, and so forth.	Total claim
Dr. Kamron Ayub, MD Nonpriority Creditor's Name			Last 4 digits of account number	s 60.0
9921 Southwest Highwa	ıy		When was the debt incurred?	V
Number Street Oak Lawn	IL	60453	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	☑ Contingent	
Miles incurred the debte of			Unliquidated	
Who incurred the debt? Check	one.		☐ Disputed	
Debtor 1 only Debtor 2 only				
Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and	another		Student loans	
☐ Check if this claim is for a c			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts	
☑ No □ Yes			Other. Specify Medical Bill	
Quest Labs	i e enementa di mangan di kana araw e di di disebutan di kana a	a maga kali andara ara kan da da Jara ay ga ay ar	Last 4 digits of account number	\$ 450.00
Nonpriority Creditor's Name	· · · · · · · · · · · · · · · · · · ·		AAAAA	a
3 Giralda Farms			When was the debt incurred?	
Number Street Madison	A E I	07040	As of the date you file, the claim is: Check all that apply.	
City	NJ State	07940 ZIP Code		
•		Zir Code	☐ Contingent☐ Unliquidated	
Who incurred the debt? Check o	ne.		Disputed	
Debtor 1 only				
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors and a			☐ Student loans	
			Obligations arising out of a senaration agreement or divorce that	
Check if this claim is for a co	ommunity debt		you did not report as priority claims	
Is the claim subject to offset?	•		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical services	
Mo □ Yes			Clini. Opening Introductal Services	
Advocate Medical Group	STANSAN STREETING ON THE HISTORY OF STANS	a tha hiệu người, hiệu ngữa chia phá bhung mọc người sự củi củ	Last 4 digits of account number 1919 60	\$ <u>444.84</u>
Nonpriority Creditor's Name				
8550 West Bryn Mawr 8th	Floor		When was the debt incurred? 05/11/2015	
Number Street Chicago	IL	60675	As of the date you file, the claim is: Check all that apply.	:
Dity	State	ZIP Code	☐ Contingent	
Mha taguard the detector			☐ Unliquidated	
Who incurred the debt? Check on	l e .		☐ Disputed	
Debtor 1 only Debtor 2 only				
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	:
At least one of the debtors and an	nother		Student loans	1
			Obligations arising out of a separation agreement or divorce that	·
Check if this claim is for a col	mmunity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	4
the claim subject to offset?			Other. Specify	
〕 No				*

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Doc 1

Filed 02/02/18

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.

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Debtor 1

Donevette

Document

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Part 4:

Add the Amounts for Each Type of Unsecured Claim

Last Name

Case number (if known).

Total claims from Part 1

- 6a. Domestic support obligations
- 6b. Taxes and certain other debts you owe the government
- 6c. Claims for death or personal injury while you were intoxicated
- 6d. Other. Add all other priority unsecured claims. Write that amount here.
- 6e. Total. Add lines 6a through 6d.

- Total claim
- 6a. 0.00
- 6b. 0.00
- 6¢. 0.00
- 6d. 0.00
- 6e. 0.00

Total claim

Total claims from Part 2

- 6f. Student loans
- 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- 6h. Debts to pension or profit-sharing plans, and other similar debts
- 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.
- 6j. Total. Add lines 6f through 6i.

- 6f. 0.00
- 0.00 6g.
- 6h, 0.00
- 6i. 8,601.53
- 6j. 8,601.53

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			Document	Page 33 of 60			
Fill in this i	information to identify you	ur case:					
Debtor 1	Donevette						
DODIO!	City Man	Middle Name	Evans Lest Name	V			
Debtor 2			ewo. / Milling				
(Spouse, if filing		Middle Nams	Last Name				
United States	Bankruptcy Court for the: Nor	thern District	of Illinois				
Case number						_	
(If known)	**************************************					Ш	Check if this is a
\40:_:_i_i =							amended filing
	orm 106E/F						
chedi	ule E/F: Credi	tors V	/ho Have I	Unsecured Cla	ime		
e as complet	te and accurate as assets						12/15
st the other	party to any executory co	ntracte or u	I for creditors with	PRIORITY claims and Part 2	for credito	rs with NONDE	INDITY
eded, copy	the Part you need, fill it or	ut. number i	the entries in the bea	editors Who Have Claims Se	cured by P	roperty. If more	e space is
y additional	pages, write your name a	and case nu	mber (if known)	editors Who Have Claims Se kes on the left. Attach the Co	ontinuation	Page to this pa	age. On the ton of
	t All of Your PRIORITY						
Do any cre	ditors have priority unsec	ured claims	against you?				
₩ No. Go 1	to Part 2.		- · · • ·				
Yes.							
List all of y	our priority unsecured als	aims. If a cro	ditor han more 45	ne priority unsecured claim, li- ty and nonpriority amounts, lis		•	
each claim li	isted, identify what type of c	daim it is. If a	claim has both seine	the priority unsecured claim, lifty and nonpriority amounts, list order according to the creditor.	st the credito	or separately for	each claim. For
	adintes, an out the Continuation	On Page of F	art 1 If mara than an	9 0,00,00	s name. If yo	ou have more th	an two priority
For an expla	anation of each type of clair	m, see the in:	Structions for this form	order according to the creditor e creditor holds a particular of	aim, list the o	other creditors in	n Part 3.
				in the instruction booklet.)	The second second		
					Total c	经自分的 化二氯化二氯化二氯化氯 医二氯甲基甲基	y Nonpriority
distense	d not needed				74074407,704	amour	nt amount
Priority Credito	or's Name		Last 4 digits of accord	unt number	\$	\$	•
					. T	Ψ	<u> </u>
Number	Street		When was the debt is	ncurred?			
			Am adding the con-				
			As of the date you file	e, the claim is: Check all that ap	ply.		
City	State ZIP	Code	Contingent				
Who incurre	ed the debt? Check one.		Unliquidated				
Debtor 1 a	only		Disputed				
Debtor 2 of			Tuna of DOLODINA				
Debtor 1 a	and Debtor 2 only		Type of PRIORITY u				
At least or	ne of the debtors and another		Domestic support of	pligations			
	this claim is for a communi	itu dabt	Taxes and certain of	her debts you owe the governmer	ıt		
		ry dept	Claims for death or p	personal injury while you were	·-		
is the claim : □ No	subject to offset?		intoxicated				
J Yes		ļ	Other. Specify				
inversers on the second	A STANTON THE STANTON OF SECURE HER STANTON OF THE	Pitterant et ant mange (not et er ar politica	Filtra Destructive metalogical engages, inc. as a second		_		
Priority Creditor's	Man		ast 4 dinite of access	engantu armininta ningan kungan karangan karangan kanangan kanangan kanangan kanangan kanangan kanangan kanang A	entrate and attachment of the second	PSSS and a Problem is problem and a problem of a problem of the pr	
monty Creditor's	э матре		and a digita of accoun	it number	\$	\$	\$
iumber s	Street	V	Vhen was the debt inc	curred?			T
	- val		s of the data m	a			
			· · · · · · · · · · · · · · · · · · ·	the claim is: Check all that appl	y.		
ity	State ZIP C		Contingent				
/ho incurred			Unliquidated				:
Debtor 1 on	the debt? Check one.	L.	Disputed				
Debtor 2 on		т.	voe of PPIOPITY	nagues de la c			-
		, . , .	ype of PRIORITY uns	secured claim:			
■ Debtor 1 an	d Debtor 2 only	<u>-</u>	Domestic support oblig	gations			İ
	of the debtors and another	<u>L.</u>	Taxes and certain other	er debts you owe the government			
	nis claim is for a community	debt	Claims for death or pe intoxicated	rsonal injury while you were			
the claim su	ubject to offset?		intoxicated				
No			Other. Specify				
1 Yes							

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Debtor 1

Donevette

Your NONPRIORITY Unsecured Claims — Continuation Page

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Part 2:

Middle Name

Case number (if known)____

	•		vith 4.4, followed by 4.5, and so forth.	Total cla	
A T I physical Therapy Nonpriority Creditor's Name	·		Last 4 digits of account number 3 8 5 7	s 685	
PO Box 15618 Dept 938			When was the debt incurred? 06/12/2017	<u></u>	
Wilmington	DE	19850	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	✓ Contingent		
Who incurred the debt? Check or	e.		Unliquidated		
Debtor 1 only			☐ Disputed		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only At least one of the debtors and an			Student loans		
Check if this claim is for a cor	nmunity del	bt	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts		
☑ No ☐ Yes			Other Specify Medical Bill		
Dr Rajendra Shah	time to a transport of the description of the second second	antiga ka Antinga Majamana di Antina Antina Antina Antina ka ka di da ka ka antina di da ka ka antina di da ka		**************************************	
Nonpriority Creditor's Name			Last 4 digits of account number 5 5 0 8	s100.	
4944 West 95th Street			When was the debt incurred? 07/19/2017		
Number Street					
Oak Lawn	IL	60453	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent		
Who incurred the debt? Check one.			☐ Untiquidated		
Debtor 1 only			☐ Disputed		
Debtor 2 only			_		
Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
At least one of the debtors and anot	her		Student loans		
			Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a com	nunity debt		7 with the report as district claims		
Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical services		
Mo □ Yes			Other. Specify Intedical Services		
	t en tra transport de la compa y regiones de la	a tha ann aith ang a manarang a gaire a tag ang ang an a ang a a sa annang ang		Propriet and September 4 to another and the propriet and the september 2.	
Harris & Harris,LTD			Last 4 digits of account number 5 1 9 1	\$ 872.9	
PO Box 5462			When was the debt incurred? 08/02/2016		
lumber Street Chicago ity	IL	60680	As of the date you file, the claim is: Check all that apply.		
ny	State	ZIP Code	✓ Contingent		
Vho incurred the debt? Check one.			Unliquidated		
Debtor 1 only			☐ Disputed		
Debtor 2 only			·		
Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
At least one of the debtors and anothe	r		☐ Student loans		
Check if this claim is for a commu			Obligations arising out of a separation agreement or divorce that		
	ınıty debt		7 William Charles Michigan Charles		
the claim subject to offset?			☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify Medical Bill		
No					

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Debtor 1

Donevette

Middle Name

Case number (if known)_

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.

			Total claim	
Total claims	6a. Domestic support obligations	6a.	\$	0.00
irom Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+\$	0.00
	6e. Total. Add lines 6a through 6d.	6e.	\$	0.00
			Total claim	
Total claims from Part 2	6f. Student loans	6f.	\$	0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	 Other. Add all other nonpriority unsecured claims. Write that amount here. 	6í	+ \$	
	6j. Total. Add lines 6f through 6i.	6j.	\$	

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		our case:					
ļ	Donevette		Evans				
Debtor 2	First Name	Middle Name	Łast Name]			
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States B	ankruptcy Court for the: No	Orthorn Diatolat	'				
	The state of the s	NUMBERS DISTRICT	or illinois				
Case number (If known)			···············				eck if this is a
	<u> </u>					am	ended filing
Official F	orm 106E/F						
Schedu	le E/F: Cred	litors W	/ho Have Unsecu	ıred Clai	me		
3e as complete	and accurate on manni	:E1 - 11					12/15
creditors with p needed, copy th any additional p	Omcial Form 106A/B) a partially secured claims ne Part you need, fill it o pages, write your name	and on Schedus that are listed out, number to and case nur	ule G: Executory Contracts and U d in Schedule D: Creditors Who I he entries in the boxes on the left mber (if known).	nexpired Leases	Official Form	ontracts on	Schedule
	All of Your PRIORIT						
Do any credi	itors have priority unse	acured claims	against you?				
No. Go to Yes.	Part 2.						
	tit nejarite						
each claim list	ur priority unsecured c ted, identify what type of	tlaims. If a cre-	ditor has more than one priority uns	ecured claim, list t	he creditor sena	rately for oon	h claim. For
	mas an our frie Coliffiting.	ition Page of P	art 1 If more than one anadis-	, as also of outloned to	ame. If you have	more than to	wo priority
(inor an explain	nation of each type of cla	aim, see the ins	structions for this form in the instruct	tion booklet.)	r, not the other C	reditors in Pa	n 3.
•				,	Total claim	Priority	Nonpriority
						amount	amount
J <u>disregard</u> Priority Creditor's	not needed		Last 4 digits of account number		¢	•	
. Horry Greditor's	· watte				\$	\$	\$
Number 5	Street		When was the debt incurred?				
***************************************			As of the date you file, the claim is:	0 1			
A			sit the date you me, the claim is:				
City			Continuent	Check all that apply			
City Who incurred		ZIP Code	Contingent	Check all that apply			
Who incurred	I the debt? Check one.	ZIP Code	☐ Contingent ☐ Unliquidated	Check all that apply			
Who incurred Debtor 1 or	i the debt? Check one.	ZIP Code	Contingent Unliquidated Disputed				
Who incurred Debtor 1 or Debtor 2 on Debtor 1 an	i the debt? Check one. nly nly nd Debtor 2 only	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed Type of PRIORITY unsecured clai				
Who incurred Debtor 1 or Debtor 2 on Debtor 1 an	i the debt? Check one.	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed Type of PRIORITY unsecured clai ☐ Domestic support obligations	m:			
Who incurred Debtor 1 or Debtor 2 or Debtor 1 an At least one	if the debt? Check one. nly nly Id Debtor 2 only of the debtors and another	ZIP Code	Contingent Unliquidated Disputed Type of PRIORITY unsecured clai Domestic support obligations Taxes and certain other debts you over	m:			
Who incurred Debtor 1 or Debtor 2 or Debtor 1 an At least one	i the debt? Check one. hiy hiy nd Debtor 2 only of the debtors and another his claim is for a communication.	ZIP Code	Contingent Unliquidated Disputed Type of PRIORITY unsecured clai Domestic support obligations Taxes and certain other debts you ov Claims for death or personal injury will	m:			
Who incurred Debtor 1 or Debtor 2 or Debtor 1 an At least one Check if th	if the debt? Check one. nly nly Id Debtor 2 only of the debtors and another	ZIP Code inity debt	Contingent Unliquidated Disputed Type of PRIORITY unsecured clair Domestic support obligations Taxes and certain other debts you ov Claims for death or personal injury whintoxicated	m: we the government hile you were			
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Who incurred Debtor 1 or Debtor 2 or Debtor 1 an At least one Check if th	i the debt? Check one. hiy hiy d Debtor 2 only e of the debtors and another his claim is for a community ubject to offset?	ZIP Code	Contingent Unliquidated Disputed Type of PRIORITY unsecured clai Domestic support obligations Taxes and certain other debts you ov Claims for death or personal injury whintoxicated Other. Specify	m: we the government hile you were		E-TDE PEAN FOOD BY MONEY (NAS 1994	CONTENTION OF THE OWNER, WILLIAM OF THE OWNE
Who incurred Debtor 1 or Debtor 2 or Debtor 1 an At least one Check if th Is the claim su No Yes Priority Creditor's N	i the debt? Check one. hiy hiy d Debtor 2 only e of the debtors and another his claim is for a community ubject to offset?	ZIP Code	Contingent Unliquidated Disputed Type of PRIORITY unsecured clai Domestic support obligations Taxes and certain other debts you ov Claims for death or personal injury whintoxicated Other. Specify	m: we the government hile you were			Kalawa kristwa kata za zaka za poliwa za
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Who incurred Debtor 1 or Debtor 2 or Debtor 1 an At least one Check if th Is the claim su No Yes Priority Creditor's N Number Str	i the debt? Check one. his play and Debtor 2 only to the debtors and another his claim is for a community of the debtors and another his clai	Inity debt	Contingent Unliquidated Disputed Type of PRIORITY unsecured clai Domestic support obligations Taxes and certain other debts you over the continuity of the claim of the continuity of the conti	m: we the government hile you were		15-4 NE PERIODE d'un million de des des des des des des des des des	(Calley Arrich vorsing) Pripas Applicate Account
Who incurred Debtor 1 or Debtor 2 or Debtor 1 an At least one Check if th Is the claim su Yes Priority Creditor's N Number Str	if the debt? Check one. In the debt? Check one. In the debtor 2 only In the debtors and another on the claim is for a community of the debtors offset? In the debt? Check one.	Inity debt	Contingent Unliquidated Disputed Type of PRIORITY unsecured clai Domestic support obligations Taxes and certain other debts you over the continuous cated Other. Specify Claims for death or personal injury which intoxicated Other. Specify Claims to death or personal injury which continuous cated Continuous the claim of the claim is: Continuous cated	m: we the government hile you were		the second secon	Kilo Novi Princi Avancianza y Yolan Kan-yan Calaban Angala Calaban San Calaban
Who incurred Debtor 1 or Debtor 2 or Debtor 2 or Debtor 1 an At least one Check if th Is the claim su No Yes Priority Creditor's N Number Str City Who incurred t	if the debt? Check one. In the debt? Check one. In the debtor 2 only In of the debtors and another In is claim is for a community In the debt to offset? State ZIP Ithe debt? Check one.	Inity debt Code A Code	Contingent Unliquidated Disputed Type of PRIORITY unsecured clair Domestic support obligations Taxes and certain other debts you over the claim for death or personal injury which intoxicated Other. Specify Last 4 digits of account number When was the debt incurred? Is of the date you file, the claim is: Contingent Unliquidated Disputed	m: we the government hile you were \$ Check all that apply		stantistican stantis de significano gov.	\$
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Who incurred Debtor 1 or Debtor 2 or Debtor 2 or Debtor 1 an At least one Check if th Is the claim st No Yes Priority Creditor's N Who incurred t Debtor 1 only Debtor 2 only Debtor 1 and At least one o	if the debt? Check one. In the debt? Check one. In the debtor 2 only If of the debtors and another one community If of the debtors and another one. If of the debt? Check one. If of the debtors and another of the debtors and another of the debtors and another one.	inity debt	Contingent Unliquidated Disputed Type of PRIORITY unsecured clair Domestic support obligations Taxes and certain other debts you ow intoxicated Other. Specify Last 4 digits of account number When was the debt incurred? Is of the date you file, the claim is: Contingent Unliquidated Disputed Type of PRIORITY unsecured claims Domestic support obligations Taxes and certain other debts you owe	m: we the government hile you were Check all that apply.			\$
Who incurred Debtor 1 or Debtor 2 on Debtor 1 an At least one Check if the Is the claim st No Yes Priority Creditor's N Number Str City Who incurred t Debtor 1 only Debtor 2 only Debtor 1 and At least one of Check if this	in the debt? Check one. In the debt? Check one. In the debtor 2 only In the debtors and another and community In the debt of the debtors and another and community In the debt? Check one. In the debtors and another and the debtors and another anothe	inity debt	Contingent Unliquidated Disputed Type of PRIORITY unsecured clair Domestic support obligations Taxes and certain other debts you over the claim of	m: we the government hile you were Check all that apply.		G-FPE PEAL POINT & NEW ANNA STORE GOVERNMENT	\$
Who incurred Debtor 1 or Debtor 2 or Debtor 2 or Debtor 1 an At least one Check if th Is the claim st No Yes Priority Creditor's N Who incurred t Debtor 1 only Debtor 2 only Debtor 1 and At least one o	in the debt? Check one. In the debt? Check one. In the debtor 2 only In the debtors and another and community In the debt of the debtors and another and community In the debt? Check one. In the debtors and another and the debtors and another anothe	Inity debt A Code Ty	Contingent Unliquidated Disputed Type of PRIORITY unsecured clair Domestic support obligations Taxes and certain other debts you owell claims for death or personal injury white intoxicated Other. Specify Last 4 digits of account number When was the debt incurred? Is of the date you file, the claim is: Contingent Unliquidated Disputed Type of PRIORITY unsecured claims Domestic support obligations Taxes and certain other debts you owell claims for death or personal injury while	m: we the government hile you were Check all that apply. It is the government le you were		SCHIPE PEAN POINT SA MINA COV.	Same recommendate to the same recommendate tof

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Debtor 1

Donevette

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400	150	100

First Name

Middle Name

Case number (if known)_

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-	31		4
æ	-	en.	

Your NONPRIORITY Unsecured Claims — Continuation Page

PO Box 938 Number Street Wilmington DE 19850 City State ZIP Code Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No ☐ Yes Dr Matthew E Schmidt Nonpriority Creditor's Name Palos Heights IL 60463 City State ZIP Code When was the debt incurred? 03/07/2017 As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. Contingent Unliquidated ☐ Unliquidated ☐ Disputed Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical services When was the debt incurred? 05/10/2017 As of the date you file, the claim is: Check all that apply. City State ZIP Code When was the debt incurred? 05/10/2017 As of the date you file, the claim is: Check all that apply. Contingent	tal claim
3407 Momentum Place Sisted	90.20
Chicago City Siste ZiP Code Siste ZiP Code City Siste ZiP Code City Contingent Uniquidated Uniquidate	80.30
State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 3 only At least one of the debtors and another Debtor 3 only At least one of the debtors and another Debtor 3 only At least one of the debtor 2 only At least one of the debtor 3 only Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtor 3 only At	
Who incurred the debt? Check one. Debtor 1 and	
Debtor 1 and Debtor 2 only	
Debts to pension or profit-sharing plans, and other similar debts	
Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Bill	
Transworld Systems Last 4 digits of account number 4 9 7 7 S	
Nonprority Creditor's Name PO Box 938 Number Street Wilmington DE 19850 City State ZiP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Dr Matthew E Schmidt Nonprority Creditor's Name Palos Heights IL 60463 City State ZiP Code When was the debt incurred? 03/07/2017 As of the date you file, the claim is: Check all that apply. Contingent Unfiquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts City State ZiP Code When was the debt incurred? 05/10/2017 As of the date you file, the claim is: Check all that apply. Contingent As of the date you file, the claim is: Check all that apply.	man de politique de poneite dun de con-
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Nonpriority Creditor's Name 7600 College Drive Ste 9 Number Street Palos Heights IL 60463 City State ZIP Code When was the debt incurred? 05/10/2017 As of the date you file, the claim is: Check all that apply.	1
Number Street Palos Heights IL 60463 City State ZIP Code As of the date you file, the claim is: Check all that apply. Contingent	25.00
City State ZIP Code Contingent	
State ZIP Code Contingent	
Who incurred the debt? Check one. Unliquidated Disputed	
Debtor 1 only	
Debtor 2 only Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	:
Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Is the claim subject to offset? ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ No ☐ Yes ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical Services	

Document

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Debtor 1

Donevette

Last Name

Case number (if known)_

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.

·				Total claim	
Total claims		a. Domestic support obligations	6a	§	0.00
:	6k	Taxes and certain other debts you owe the government	6b). \$	0.00
	6c	. Claims for death or personal injury while you were intoxicated	6c		0.00
	6d	Other. Add all other priority unsecured claims.		\$	0.00
		Write that amount here.	6d.	+\$	0.00
	6e.	Total. Add lines 6a through 6d.	6e.	\$	0.00
				Total claim	
Total claims from Part 2		Student loans	6f.	\$	0.00
		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6-		0.00
	6h.	Debts to pension or profit-sharing plans, and other	6g.	\$	0.00
		similar debts	6h.	\$	0.00
	6i. (Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$	
	6j. T i	otal. Add lines 6f through 6i.	6j.	\$	

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	s information to id					
Debtor	Donevette First Name		Evans			
Debtor 2		Middle Name	Last Name			
	ng) First Name	Middle Name	Last Name			
Case number		or the: Northern District	t of Illinois			
(If known)	·					☐ Check if this is ar
						amended filing
Official	Form 1060	3				
Sched	lule G: Ex	 (ecutory C	ontracts and	1 A		
e as compl	loto and account	eoutory C	arried people are filing tog litional page, fill it out, num	Unexpired Lo	eases	12/15
Yes.	Check this box and Fill in all of the info		court with your other schedul the contracts or leases are li	sted on Sichedule A/B: Prop	perty (Official Form 1)	06A/B).
example unexpired	e, rent, vehicle leas d leases.	se, cell phone). See th	whom you have the contracted instructions for this form in	t or lease. I hen state what the instruction booklet for	at each contract or I more examples of ex	ease is for (for ecutory contracts and
Person o	or company with w	thom you have the a				
		moni you have the Ct	ontract or lease	State what the cont	**************************************	in the state of the second
		on you have the Ct	ontract or lease	State what the cont	ract or lease is for	
Name			ontract or lease	State what the cont	ract or lease is for	
Ī _:		you have the co	ontract or lease	State what the cont	ract or lease is for	
Name Number	Street	The second of th	ontract or lease	State what the cont	ract or lease is for	
Name Number		State ZIP Code	ontract or lease	State what the cont	ract or lease is for	
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	nformation to identi					
Debtor 1	Donevette First Name		Evans			
Debtor 2		Middle Name	Last Name	*******************************		
(Spouse, if filing) First Name	Middle Name	Last Name			
United States	Bankruptcy Court for the	e: Northern District of I	Illinois			
Case number (If known)						
(1.10.000)						☐ Check if this is
Official I						amended filing
	orm 106H					
		ır Codebtoı				12/15
nd number ti ase number	he entries in the box (if known). Answer	xes on the left. Attach every question.	h the Additional Pag	ge to this p	e as complete and accurate as possible f more space is needed, copy the Addi age. On the top of any Additional Page	e. If two married peo tional Page, fill it out s, write your name a
MO NO	ave any codebtors?	(If you are filing a joint	it case, do not list eiti	her spouse	as a codebtor.)	
Yes						
 Within the Arizona, C 	e last 8 years, have California, Idaho, Loui	you lived in a commu	unity property state	or territor	(Community property states and territor shington, and Wisconsin.)	vies include
₩ No. Go	o to line 3.					
Yes. D	id your spouse, form	ner spouse, or legal equ	uivalent live with you	at the time	?	
□ No						
∟ Ye	s. In which communit	ty state or territory did	you live?	·	. Fill in the name and current address of	that person.
Na	me of your spouse, former s	spouse, or legal equivalent			-	
Nui	mber Street					
Nu	mber Street					
City	4	State		IP Code		
In Column shown in I Schedule I Schedule I	1, list all of your co line 2 again as a coc D (Official Form 106 E/F, or Schedule G t	debtors. Do not includebtor only if that per	ude your spouse as	a codebto	r if your spouse is filing with you. List r. Make sure you have listed the credit lie G (Official Form 106G). Use Schedu	
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Debtor 1 Donevette		Evens			
First Name	Middle Name	Evans Last Name			
ebtor 2 Spouse, if filing) First Name	Middle Name	Last Name	With the second		
nited States Bankruptcy Court for th					
ase number	ie. Northern District of Milito	IS			
f known)			Check	if this is:	
			🗖 An	amended filing	
ficial Form 106I			☐ A s inco	supplement showing pome as of the following	ostpetition chapter 1 g date:
chedule I: Yo	ur income		MM	/ DD / YYYY	
as complete and accurate as oplying correct information. If					12/15
arate sheet to this form. On the street of t		Debtor 1		Debtor 2 or non	
f you have more than one job,		> 9/9/00/00/00/00/00/00/00/00/00/00/00/00/	hangun sami semengan sentah disempengan selainisen amangga ka kembagan sah kembagan sentendah salainisenan ga	et kalandari kan ana kan kan kan kan kan kan kan kan	enter and a pour and a second a
ittach a separate page with information about additional imployers.	Employment status	Employe		☐ Employed	
nclude part-time, seasonal, or		☐ Not empl	oyed	☐ Not employe	d
elf-employed work. Occupation may include student rhomemaker, if it applies.	Occupation	Disabled		None	
	Employer's name				
	Employer's address				
	Employer a address				
	Employer's address	Number Stree	at .	Number Street	700
	Employer 3 address	Number Stree	nt .	Number Street	
	Employer 3 address	Number Stree	State ZIP Code		State 710 Co.
	How long employed the	City		Number Street City	State ZIP Code
	How long employed the	City			State ZIP Code
	How long employed the	City	State ZIP Code	City	
timate monthly income as of ouse unless you are separated.	How long employed the Monthly Income the date you file this form	City re?	State ZIP Code	City	ude your non-filing
timate monthly income as of ouse unless you are separated. You or your non-filing spouse ha	How long employed the Monthly Income the date you file this form	City re?	State ZIP Code	City	ude your non-filing
timate monthly income as of ouse unless you are separated. ou or your non-filing spouse ha ow. If you need more space, at	Monthly Income the date you file this form we more than one employe tach a separate sheet to this	City re? n. If you have nother, combine the infest form.	State ZIP Code	City rrite \$0 in the space. Incl for that person on the line	ude your non-filing
Give Details About timate monthly income as of ouse unless you are separated. You or your non-filing spouse halow. If you need more space, at st monthly gross wages, salar eductions). If not paid monthly, or	Monthly Income the date you file this form we more than one employe tach a separate sheet to this	City re? 1. If you have nother, combine the inform.	State ZIP Code State ZIP Code Ining to report for any line, we ormation for all employers for Debtor 1	City rrite \$0 in the space. Incl	ude your non-filing
timate monthly income as of buse unless you are separated. you or your non-filing spouse ha ow. If you need more space, at	Monthly Income the date you file this form we more than one employe tach a separate sheet to this ry, and commissions (before account of the commissions)	City re? 1. If you have nother, combine the inform.	State ZIP Code State ZIP Code Ding to report for any line, we compared to the compared to th	City rrite \$0 in the space. Incl for that person on the line	ude your non-filing

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Debtor 1	Donevette Evans			Cas	se number (#k	nown)			
				For	Debtor 1		Debtor 2 or -filing spous	•	
Copy li	ne 4 here	→ 4		\$	0.00	\$		Marries:	
5. List all p	payroll deductions:					Ų.			
	x, Medicare, and Social Security deductions	_							
	andatory contributions for retirement plans	5a		\$	0.00				
	luntary contributions for retirement plans	5b		\$	0.00				
	quired repayments of retirement fund loans	5c 5d		\$	0.00				
	urance	5u		\$ \$	0.00 0.00				
5f. Do i	mestic support obligations	5f.		⊅ Տ	0.00				
	ion dues			\$ \$	0.00				
5h. Oth	ner deductions. Specify:	5g.							
		5h.	. + \$	5	0.00	+ \$_		War	
	e payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h	. 6.	\$	S	0.00	\$			
7. Calcula	te total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	<u> </u>	0.00	\$			
8. List all c	other income regularly received:								
8a. Net	income from rental property and from operating a business, fession, or farm								
rece	ch a statement for each property and business showing gross lipts, ordinary and necessary business expenses, and the total thly net income.	8a.	\$		0.00	\$			
8b. Inte	rest and dividends	8b.	\$		0.00				
regu	ily support payments that you, a non-filing spouse, or a depende ilarly receive	nt	Ψ			Φ		-	
Settie	ide alimony, spousal support, child support, maintenance, divorce ement, and property settlement.	8c.	\$_		0.00	\$			
	mployment compensation	8d.	\$_		0.00	\$			
	al Security	8e.	\$_	1,	909.88	\$			
Incluithat y	er government assistance that you regularly receive de cash assistance and the value (if known) of any non-cash assistance you receive, such as food stamps (benefits under the Supplemental tion Assistance Program) or housing subsidies.	ce							
		8f.	\$_		0.00	\$			
:	ion or retirement income	8g.	\$	~	0.00	\$_			
8h. Othe	r monthly income. Specify:	8h.	+\$		0.00	+\$			
9. Add all o	ther income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$_		0.00	\$_		7	
Add the er	monthly income. Add line 7 + line 9. htries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	1,9	009.88	\$	0.00]= [s_	1,909.88
11. State all o	ther regular contributions to the expenses that you list in Schedu	ule J.						, <u> </u>	······································
friends or r	ntributions from an unmarried partner, members of your household, yo elatives.	our de	pend						
Specify:	ude any amounts already included in lines 2-10 or amounts that are no	ot ava	ilable	e to p	ay expense	s fisted in	Schedule J. 11.	+ s	0.00
12. Add the ar Write that a	mount in the last column of line 10 to the amount in line 11. The re amount on the Summary of Your Assets and Liabilities and Certain Sta	esult is	s the	comb ormat	oined month tion, if it app	ly income lies	11. ∋. 12.	\$_	1,909.88
WE NO.	pect an increase or decrease within the year after you file this for	rm?							mbined inthly income
Yes. E	xplain:								

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Debtor 1	Donevette	Eva	ans			
Debtor 2	First Name	Middle Name Last Na		k if this i	s:	
(Spouse, if filing)	First Name	Middle Name Last Na		n amend		
United States I	Bankruptcy Court for the	e: Northern District of Illinois	□ A	supplem	ent showing po	stpetition chapter 13
Case number (If known)	-			penses :	as of the followi	ng date:
Official F	orm 106J					
Sched	ule J: Yo	ur Expenses				
Be as complet	te and accurate as r	possible. If two married people ard ded, attach another sheet to this to.	e filing together, both are equa	ally respo	onsible for suppl	ying correct
elicini pitter neg	swer every question Describe Your Ho		additional state of the state o	mar page	s, write your nar	ne and case number
ls this a join						
No. Got	to line 2.	separate household?				
	No					
Do you have	dependents?	de Official Form 106J-2, Expenses fo	or Separate Household of Debtor	r 2.		
Do not list Del Debtor 2.		✓ No Yes. Fill out this information for each dependent	Dependent's relationship to for Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?
Do not state the names.	he dependents'		Disabled Son	Print of Greekeys	24 yo	☐ No ☑ Yes
						□ No □ Yes
			***************************************			☐ No ☐ Yes
			***			☐ No ☐ Yes
	include			Tim		☐ No ☐ Yes
		☑ No				
o your experexpension	eople other than our dependents?	Yes				
o your experexpenses of progressly and y	eople other than our dependents? nate Your Ongoin	ig Monthly Expenses				
o your experexpenses of prourself and y term	eople other than your dependents? nate Your Ongoin penses as of your be	ng Monthly Expenses	-			
oo your experexpenses of p yourself and y testing the state of a imate your ex enses as of a dicable date.	eople other than your dependents? mate Your Ongoin (penses as of your be date after the bank	ig Monthly Expenses pankruptcy filing date unless you truptcy is filed. If this is a supplen	are using this form as a suppl mental Schedule J, check the b			
t 2: Estin imate your ex enses as of a licable date. ude expenses h assistance a	people other than your dependents? mate Your Ongoin spenses as of your to date after the bank as paid for with non-cand have included it	pankruptcy filing date unless you truptcy is filed. If this is a supplem cash government assistance if you it on Schedule I: Your Income (Office of the cash government assistance)	are using this form as a supplemental Schedule J, check the book the value of ficial Form 106L)		n a Chapter 13 ca top of the form	se to report and fill in the
te: Estin people other than your dependents? mate Your Ongoin spenses as of your to date after the bank as paid for with non-cand have included it	ig Monthly Expenses pankruptcy filing date unless you truptcy is filed. If this is a supplen	are using this form as a supplemental Schedule J, check the book the value of ficial Form 106L)	lement in		se to report and fill in the	
Do your experexpenses of prourself and y Estin imate your exenses as of a licable date. ude expenses h assistance after rental or hany rent for the	people other than your dependents? mate Your Ongoin the seasof your be added after the bank as paid for with non-cand have included in thome ownership experienced or lot.	pankruptcy filing date unless you truptcy is filed. If this is a supplem cash government assistance if you it on Schedule I: Your Income (Office of the cash government assistance)	are using this form as a supplemental Schedule J, check the book the value of ficial Form 106L)		a a Chapter 13 ca e top of the form Your expens	se to report and fill in the
Estinum texpenses of prourself and y Estinum texpenses as of a licable date. Unde expenses h assistance after rental or hany rent for the finot included as. Real estate.	people other than your dependents? mate Your Ongoin the seasof your be date after the bank as paid for with non-cand have included in home ownership experience of the season of the se	pankruptcy filing date unless you cruptcy is filed. If this is a supplent cash government assistance if you it on Schedule I: Your Income (Offipenses for your residence, Include	are using this form as a supplemental Schedule J, check the book the value of ficial Form 106L)	lement in oox at the	Your expens	se to report and fill in the ses 800.00
Do your experexpenses of prourself and y least as of a licable date. Unde expenses has istance a licable for the foot included as Real estate. Property,	people other than your dependents? mate Your Ongoin spenses as of your be date after the bank as paid for with non-cand have included in home ownership expenses are ground or lot. d in line 4: te taxes homeowner's, or ren	pankruptcy filing date unless you truptcy is filed. If this is a supplem cash government assistance if you it on Schedule I: Your Income (Offipenses for your residence. Include ter's insurance	are using this form as a supplemental Schedule J, check the book the value of ficial Form 106L)	lement in oox at the	a a Chapter 13 ca e top of the form Your expens	se to report and fill in the ses
Do your experexpenses of pyourself and y 12:1 Estin imate your expenses as of a policable date. ude expenses hassistance at the rental or hand rent for the first included the property, the rental or hand rent included the property, the rental or hand rent included the property, the rental or hand rent included the property, the rental or hand rental the property and rental the p	people other than your dependents? mate Your Ongoin the seasof your be date after the bank as paid for with non-cand have included in home ownership experience of the season of the se	pankruptcy filing date unless you truptcy is filed. If this is a supplent cash government assistance if you it on Schedule I: Your Income (Offipenses for your residence. Include the supplement in the supplement assistance if your income (Offipenses for your residence. Include the supplement is insurance.	are using this form as a supplemental Schedule J, check the book the value of ficial Form 106L)	lement in oox at the	Your expens	se to report and fill in the ses 800.00

page 1

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Debtor 1 Donevette Evans
First Name Middle Name Last Name

Case number (if known)

			Your e	xpenses
5	 Additional mortgage payments for your residence, such as home equity loans 	5	\$	0.00
6	Utilities:			
	6a. Electricity, heat, natural gas			
	6b. Water, sewer, garbage collection	6	***************************************	
	6c. Telephone, cell phone, Internet, satellite, and cable services	6t		0.00
	6d. Other. Specify:	60		75.00
7.		60	i. \$	
8.	Childcare and children's education costs	7.	\$	200.00
9.		8.	\$	0.00
10.	Personal care products and services	9.	\$	150.00
11.	Medical and dental expenses	10	. \$	50.00
		11.	\$	0.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.			
13.		12.	\$	190.00
14.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
	Charitable contributions and religious donations	14.	\$	0.00
15.	Do not include insurance deducted from your page 1.5.			100
	Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a	. \$	0.00
	15b. Health insurance	15b		
	15c. Vehicle insurance	15c.		
	15d. Other insurance, Specify:	15d.		0.00
6.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	Specify:		•	0.00
	Installment or lease payments:	16.	\$	0.00
	17a. Car payments for Vehicle 1			
		17a.	\$	0.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other. Specify:	17c.	\$	0.00
1	17d. Other. Specify:	17d.	\$	
3. Y	our payments of alimony, maintenance, and support that you did not report as deducted from		***************************************	
У	our pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
). C	other payments you make to support others who do not live with you.		ν	0.00
S	pecify:			
		19.	\$	0.00
21	ther real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	ie.		
	Da. Mortgages on other property	20a.	\$	0.00
	Db. Real estate taxes	20b.	\$	0.00
	c. Property, homeowner's, or renter's insurance	20c.	\$	
	d. Maintenance, repair, and upkeep expenses	20d.	\$	
20	le. Homeowner's association or condominium dues		\$	

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Debtor	Donevette Evans Case number @	known}		
	ner. Specify: Day Program for Son	21.	+\$	300.00
22. Cal	culate your monthly expenses.		- was now and plant to the second second	ti tida 19 shinkin kankanka kurunda sekara yan 1 shinkin kuba mangai kanka menganji kaba saska sasanna 1
	Add lines 4 through 21.	22a.	s	1,915.00
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$	0.00
220.	Add line 22a and 22b. The result is your monthly expenses.	22c.	\$	1,915.00
23. Caic ı	late your monthly net income.			
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	1,909.88
23b.	Copy your monthly expenses from line 22c above.	23b.	\$	1,915.00
23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c.	\$	-6.00
24. Do yo	u expect an increase or decrease in your expenses within the year after you file this form?			
For ex	ample, do you expect to finish paying for your car loan within the year or do you expect your age payment to increase or decrease because of a modification to the terms of your mortgage?			
☑ No.				

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Debtor 1		Donevette		Evans	
Debtor 2	First Name	Middle Name	Last Name		
(Spouse, if filing)	First Name	Middle Name	Last Name	····	
United States E	Bankruptcy Court for th	ne: Northern District of I	linois		
Case number					

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

☐ Check if this is an amended filing

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
ad schodular filed with the
nd schedules filed with this declaration and
nd schedules filed with this declaration and
nd schedules filed with this declaration and

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Debtor 1	Donevette First Name		- · · · · · · · · · · · · · · · · · · ·	Evans	İ		
Debtor 2	First Name	ħ	viiddie Name	Last Name			
Spouse, if filing	First Name	ħ.	Aiddle Name	Last Name			
Inited States	Bankruptcy Cour	t for the: North	hern District	of Illinois			
ase number				W			
							Check if this is
							amended filing
	orm 107						
tatem	ent of F	 inancia	al Affa	irs for Ind	ividuale Eilina	for Bankrupto	
as comple	A and accurat	0.00.00.00.15.1	- 17.		viduals Filing	for Bankruptc	Y 04/
rmation.	f more space i	e as possible s needed, at	e. If two <u>ma</u> tach a sena	irried people are fil	ing together, both are equ	ually responsible for suppl	ying correct
nber (if kn	wn). Answer	every question	on.	riale sheet to this 1	orm. On the top of any ac	ually responsible for suppl Iditional pages, write your	name and case
NO CONTRACTOR							
irida G	ive Details A	bout Your	Marital Ct		You Lived Before		
			maritai St	atus and Where	You Lived Before		
What is vo	our current ma	rital etatue?					
		· ···ai status?					
Marrie	d						
Not ma	rried						
∡ No				e other than where			
∡ No	st all of the plac			years. Do not includ	de where you live now.		Dates Debtor 2
¥ No ☐ Yes. Li	st all of the plac			years. Do not includ	de where you live now.		Dates Debtor 2 lived there
¥ No ☐ Yes. Li	st all of the plac			years. Do not includ	de where you live now.		lived there
Y No Yes. Li Debte	st all of the plac			years. Do not includ Dates Debtor 1 lived there	de where you live now. Debtor 2:		lived there
¥ No ☐ Yes. Li	st all of the plac			years. Do not includ Dates Debtor 1 lived there	de where you live now. Debtor 2:		lived there
☑ No ☐ Yes. Li Debte	st all of the plac			years. Do not includ Dates Debtor 1 lived there	Debtor 2:		lived there Same as Debtor
☑ No ☐ Yes. Li Debte	st all of the plac			years. Do not includ Dates Debtor 1 lived there	Debtor 2:		lived there Same as Debtor From
☑ No ☐ Yes. Li Debte	st all of the plac	es you lived		years. Do not includ Dates Debtor 1 lived there	Debtor 2: Same as Debtor 1 Number Street	Case	lived there Same as Debtor From
Yes. Li Debte	st all of the plac	es you lived	in the last 3	years. Do not includ Dates Debtor 1 lived there	Debtor 2: Same as Debtor 1 Number Street	State ZIP Code	lived there Same as Debtor From
Yes. Li Debte	st all of the plac	es you lived	in the last 3	years. Do not includ Dates Debtor 1 lived there	Debtor 2: Same as Debtor 1 Number Street	State ZIP Code	lived there Same as Debtor From To
V No Ves. Li Debte	st all of the place or 1: er Street	es you lived	in the last 3	years. Do not include the pates Debtor 1 lived there From To	Debtor 2: Same as Debtor 1 Number Street	State ZIP Code	lived there Same as Debtor From To
V No Ves. Li Debte	st all of the place or 1: er Street	es you lived	in the last 3	years. Do not include the pates Debtor 1 lived there From To	Debtor 2: Same as Debtor 1 Number Street	State ZIP Code	lived there Same as Debtor From To
V No Ves. Li Debte	st all of the place or 1: er Street	es you lived	in the last 3	years. Do not include the pates Debtor 1 lived there From To	Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1	State ZIP Code	Ived there Same as Debtor From To Same as Debtor 1
V No Ves. Li Debte	st all of the place or 1: er Street	es you lived	in the last 3	years. Do not include the pates Debtor 1 lived there From To	Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1	State ZIP Code	Same as Debtor From To Same as Debtor 1 From
V No Ves. Li Debte Numb City	st all of the place or 1: er Street	State 2	In the last 3	years. Do not include the pates Debtor 1 lived there From To	Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1 Number Street	State ZIP Code	Ived there Same as Debtor From To Same as Debtor 1 From
V No Ves. Li Debte	st all of the place or 1: er Street	es you lived	In the last 3	years. Do not include the pates Debtor 1 lived there From To	Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1	State ZIP Code	Same as Debtor From To Same as Debtor 1 From
No Yes. Li Debte Number City Vithin the is	er Street	State Z	IP Code	years. Do not include Dates Debtor 1 lived there From	Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1 Number Street	State ZIP Code	Same as Debtor From To Same as Debtor 1 From To To
No Yes. Li Debte Number City Vithin the lates and te	er Street	State Z	IP Code	years. Do not include Dates Debtor 1 lived there From	Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1 Number Street	State ZIP Code	Ived there Same as Debtor From To Same as Debtor 1 From To To
No Pebte Numbe City Vithin the lates and te	er Street	State Z	IP Code	years. Do not include Dates Debtor 1 lived there From	Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1 Number Street		Same as Debtor From To Same as Debtor 1 From To To
No Yes. Li Debte Number City Vithin the lates and tell No	er Street Street Street	State Z State Z I you ever live	IP Code Ve with a sp	years. Do not include Dates Debtor 1 lived there From	Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1 Number Street City Valent in a community project, New Mexico, Puerto Rice	State ZIP Code	Same as Debtor 1 From To Same as Debtor 1 From To

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	First Name Middle Name	Evans		taranta a u	
	First Name Middle Name	Last Name	Case	number (if known)	
If yo	you have any income from employn in the total amount of income you rece ou are filing a joint case and you have i No Yes. Fill in the details.				llendar years?
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions a
1	From January 1 of current year unti the date you filed for bankruptcy:	Wages, commissions, bonuses, tips Operating a business	\$0.00	Wages, commissions, bonuses, tips	exclusions)
ı	For last calendar year:	☐ Wages, commissions,	• • •	Operating a business Wages, commissions,	
(January 1 to December 31, 2016	bonuses, tips Operating a business	\$0.00	bonuses, tips Operating a business	\$
	For the calendar year before that: January 1 to December 31, <u>2015</u>	Wages, commissions, bonuses, tips Operating a business	\$ 0.00	Wages, commissions, bonuses, tips	
	YYYY			Operating a business	
nem	ou receive any other income during e income regardless of whether that in ployment, and other public benefit pay	come is taxable. Examples	of other income are alim		
nemplamblist ea	e income regardless of whether that in ployment, and other public benefit pay- ing and lottery winnings. If you are filin ach source and the gross income from	icome is taxable. Examples ments; pensions; renta! inco g a joint case and you have	of other income are alim me; interest; dividends; income that you receive	money collected from laws d together, list it only once	
inemi ambl ist ea	e income regardless of whether that in ployment, and other public benefit pay- ing and lottery winnings. If you are filin ach source and the gross income from	icome is taxable. Examples ments; pensions; renta! inco g a joint case and you have	of other income are alim me; interest; dividends; income that you receive	money collected from laws of together, list it only once you listed in line 4.	
nemplamblist ea	e income regardless of whether that in ployment, and other public benefit pay- ing and lottery winnings. If you are filin ach source and the gross income from	come is taxable. Examples ments; pensions; rental inco g a joint case and you have each source separately. Do	of other income are alim me; interest; dividends; income that you receive	money collected from laws d together, list it only once	
nemplamblist ea	combine regardless of whether that in poloyment, and other public benefit paying and lottery winnings. If you are filling the source and the gross income from s. Fill in the details.	come is taxable. Examples ments; pensions; rental inco g a joint case and you have each source separately. Do Debtor 1 Sources of income Describe below.	of other income are alimme; interest; dividends; income that you receive not include income that Gross income from each source (before deductions and exclusions)	money collected from laws of together, list it only once you listed in line 4. Debtor 2 Sources of income	Gross income from each source (before deductions and
nemplamblist ea	e income regardless of whether that in poloyment, and other public benefit pay, ing and lottery winnings. If you are filin ach source and the gross income from s. Fill in the details.	come is taxable. Examples ments; pensions; rental inco g a joint case and you have each source separately. Do Debtor 1 Sources of income Describe below.	of other income are alimme; interest; dividends; income that you receive not include income that Gross income from each source (before deductions and exclusions)	money collected from laws of together, list it only once you listed in line 4. Debtor 2 Sources of income Describe below.	guits; royalties; and a under Debtor 1. Gross income from each source (before deductions and
nemplamble steam of No Ye	combine regardless of whether that in poloyment, and other public benefit paying and lottery winnings. If you are filling the source and the gross income from s. Fill in the details.	come is taxable. Examples ments; pensions; rental inco g a joint case and you have each source separately. Do Debtor 1 Sources of income Describe below. Social Security Pension \$	of other income are alimme; interest; dividends; income that you receive not include income that Gross income from each source (before deductions and exclusions)	money collected from laws of together, list it only once you listed in line 4. Debtor 2 Sources of income Describe below.	Gross Income from each source (before deductions and exclusions) \$
nemplamblist ea	rom January 1 of current year untile date you filed for bankruptcy:	come is taxable. Examples ments; pensions; rental inco g a joint case and you have each source separately. Do Debtor 1 Sources of income Describe below. Social Security Pension \$	of other income are alimme; interest; dividends; income that you receive not include income that Gross income from each source (before deductions and exclusions) 1,001.00 908.88	money collected from laws of together, list it only once you listed in line 4. Debtor 2 Sources of income Describe below.	Gross Income from each source (before deductions and exclusions) \$
nemplamblist ea	polyment, and other public benefit paying and lottery winnings. If you are filing and lottery winnings. If you are filing and lottery winnings. If you are filing the source and the gross income from s. Fill in the details. Trom January 1 of current year until the date you filed for bankruptcy: The last calendar year: The last calendar year: The calendar year before that:	come is taxable. Examples ments; pensions; rental inco g a joint case and you have each source separately. Do Debtor 1 Sources of income Describe below. Social Security \$ Pension \$ Social Security \$ Pension \$	of other income are alimme; interest; dividends; income that you receive not include income that Gross income from each source (before deductions and exclusions) 1,001.00 908.88 1,001.00	money collected from laws of together, list it only once you listed in line 4. Debtor 2 Sources of income Describe below.	Gross Income from each source (before deductions and exclusions) \$
Fo (Ja	polyment, and other public benefit paying and lottery winnings. If you are filling and source and the gross income from s. Fill in the details. Tom January 1 of current year until the date you filed for bankruptcy: Tor last calendar year: anuary 1 to December 31, 2016 TYTY	come is taxable. Examples ments; pensions; rental inco g a joint case and you have each source separately. Do Debtor 1 Sources of income Describe below. Social Security Pension Social Security Pension Social Security of other income are alimme; interest; dividends; income that you receive not include income that Gross income from each source (before deductions and exclusions) 1,001.00 908.88 1,001.00 908.88	money collected from laws of together, list it only once you listed in line 4. Debtor 2 Sources of income Describe below.	Gross income from each source (before deductions and	

5.

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Debtor 1	Donevette First Name Middle Name Last Name	Evans	Cas	se number (if known)	
	Past Name Last Name Last Name			(a xiswn)	
Part 3:	List Certain Payments You Made Be	ofore You File	ed for Bankruptcy		
6. Are ei	ther Debtor 1's or Debtor 2's debts primaril				
	Neither Debtor 1 nor Debtor 2 has primal incurred by an individual primarily for a per				101(8) as
	During the 90 days before you filed for bank	ruptcy, did you	pay any creditor a total	of \$6,425* or more?	
	No. Go to line 7.				
	Yes. List below each creditor to whom y total amount you paid that creditor. child support and alimony. Also, do	ou paid a total o	of \$6,425* or more in one payments for domestic	e or more payments and the support obligations, such as	e S
	child support and alimony. Also, do * Subject to adjustment on 4/01/19 and ever	THE PROPERTY OF THE	THE HIS TO AN ATTOMAY TO	rthic hankminter	
☑ Yes	Debtor 1 or Debtor 2 or both have primari	ly consumer d	ebts.		
	During the 90 days before you filed for banks	ruptcy, did you	payany creditor a total o	of \$600 or more?	
	☑ No. Go to line 7.			7700 07 11070	
	Yes. List below each creditor to whom you creditor. Do not include payments for alimony. Also, do not include payments.	ou paid a total of or domestic sup ents to an attorn	\$600 or more and the t port obligations, such as ey for this bankruptcy ca	otal amount you paid that s child support and ase.	
		Dates of payment	Total amount paid	Amount you still owe	Was this payment for
	Greditor's Name		\$	\$	- Mortgage
					🗖 Car
	Number Street	***************************************			Credit card
					Loan repayment
	City State 7IP Code				Suppliers or vendors
	City State ZIP Code				Other
	Creditor's Name		\$	\$	☐ Mortgage
					☐ Car
	Number Street				Credit card
					Loan repayment
					Suppliers or vendors
	City State ZIP Code				Other
	Creditor's Name		\$	\$	☐ Mortgage
					Car
	Number Street				Credit card
					Loan repayment
					Suppliers or vendors
	City State ZIP Code				Other

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otor 1	Donevette		Evans		0	
	First Name Middle Na	ne Last Neme		rrrrain.	Case number (if know	n)
corpo agent such a	t, including one for a bus as child support and alim	an officer, director, persiness you operate as a stony.	relatives of any	/ general partners;	partnerships of wh	who was an insider? ich you are a general partner; g securities; and any managing or domestic support obligations,
⊆aaal TE	es. List all payments to a	n insider.	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Ĭi	nsider's Name			\$	\$	
Ñ	Number Street					
_						
Ċ	City	State ZIP Code				
ìn	sider's Name		A	\$	\$:
Ni	umber Street		***************************************			•
Cit	h.	State ZIP Code				
clude No	1 year before you filed der? payments on debts guar List all payments that b	anteed or cosigned by		ayments or transf	fer any property o≀	account of a debt that benefited
			Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insi	ider's Name		-	\$	\$	
Nun	mber Street					
City		State ZIP Code				
Insid	der's Name			\$	\$	and the second second second second second second second
Num	nber Street	_				
City		State ZIP Code				

8.

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	First Name Middle Nam	ne Last Name	Evans	Case number (#	known)	
4:	Identify Logal Acti	ione Danasa				
	J = -3	ions, kepossess	ions, and Foreclosi	ures		
st al	I such matters, including	u tor bankruptcy, w personal injury case	ere you a party in any	/ lawsuit, court action, or a	dministrative proc	eeding?
		, and any court	o, ornan cianno actions	, divorces, collection suits, pa	aternity actions, sup	port or custody modific
No						
Ye	s. Fill in the details.					
		Nat	ure of the case	Court or agency		6 1
			to the contract of the second			Status of the cas
C	ase title			Court Name		Pending
						On appeal
				Number Street		Concluded
Ca	ase number					
				City	State ZIP Code	
_				•		
Ca	ase title			Court Name		— Pending
		·				On appeal
٥.				Number Street		Concluded
Ca	se number					
				City	State ZIP Code	
No.	Go to line 11.		, , p. opo	/ repossessed, foreclosed,	garnished, attach	ed, seized, or levied?
No.					garnished, attach	ed, seized, or levied?
No.	Go to line 11.		Describe the prope		garnished, attach	
No.	Go to line 11.		Describe the prope	rity		Value of the property
No.	Go to line 11. Fill in the information be		Describe the proper	rty	Date	
No.	Go to line 11. Fill in the information be		Describe the proper	rty	Date	Value of the property
No.	Go to line 11. Fill in the information be		Describe the proper	nty	Date	Value of the property
No.	Go to line 11. Fill in the information be		Describe the proper the proper that the proper that the property was a second control of the property was a second control	nty ned repossessed	Date	Value of the property
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	First Name	Middle Name	Last Name	ans	Case number www.	141	
		74112	Last Name			wn)	
Within	3 90 days boto	Ma 52. 65. 1					
accou	nts or refuse i	re you filed for ban	kruptcy, did any cre because you owed	editor, including a bar	nk or financial inst	itution, set off any	amounte from
ZÍ No		o make a payment	because you owed	a debt?		, <u></u>	amounts from your
	s. Fill in the det	i = 11 -					
	s. rurui die dei	ialis,					
			Describe the ar	ction the creditor took	1 -	4	
Cred	ditor's Name			outon the creditor took		Date action was taken	Amount
0,00	and a realite						
Numi	ber Street		:			:	
HOID	ioei Street						\$
			1				

City		State ZIP Code					
			Eddt 4 digits ()	account number: XXX	X		
/ithin 1	1 year before	Ou filed for hanks	rotour una como c				
reditor	rs, a court-app	ointed receiver, a	custodian, or anothe	our property in the pos	ssession of an ass	ignee for the bene	fit of
No			vaccodian, or amound	er official?			
Yes							
5: L	List Certain	Gifts and Contrib					
Week.		Onto and Contri	Dutions				
Yes.	Fill in the detai	ls for each gift.	uptcy, did you give a	any gifts with a total v	value of more than	\$600 per person?	
Yes.	Fill in the detai				value of more than	\$600 per person? Dates you gave the gifts	Value
Yes. i	Fill in the detai	ls for each gift. ue of more than \$600			value of more than	Dates you gave	
Yes. i	Fill in the detai	ls for each gift. ue of more than \$600			value of more than	Dates you gave	Value \$
Yes. i	Fill in the detai	ls for each gift. ue of more than \$600			value of more than	Dates you gave	\$
Yes. i	Fill in the detai	ls for each gift. ue of more than \$600			value of more than	Dates you gave	
Yes. Gifts per p	Fill in the detains with a total valuers on	ls for each gift. ue of more than \$600			value of more than	Dates you gave	\$
Yes. Gifts per p	Fill in the detains with a total valuers on	ls for each gift. ue of more than \$600			value of more than	Dates you gave	\$
Yes, i	Fill in the detains with a total valuers on	ls for each gift. ue of more than \$600			value of more than	Dates you gave	\$
Yes, i	Fill in the detail with a total valuers on to Whom You Gave	ls for each gift. ue of more than \$600 e the Gift State ZIP Code			value of more than	Dates you gave	\$
Yes, i	Fill in the detains with a total valuers on	ls for each gift. ue of more than \$600 e the Gift State ZIP Code		• · · · · · · · · · · · · · · · · · · ·		Dates you gave	\$
Yes. i Gifts per p Person Number	Fill in the detail s with a total val person to Whom You Gave Street	Is for each gift. ue of more than \$600 the Gift State ZIP Code	Describe the gifts	• · · · · · · · · · · · · · · · · · · ·	value of more than	Dates you gave	\$
Yes. Gifts per p Person Number City Person'	Fill in the detail with a total val person to Whom You Gave Street 's relationship to	ls for each gift. ue of more than \$600 e the Gift State ZIP Code	Describe the gifts Describe the gifts			Dates you gave the gifts	\$ \$
Yes. Gifts per p Person Number City Person'	Fill in the detail with a total val person to Whom You Gave Street 's relationship to	Is for each gift. ue of more than \$600 the Gift State ZIP Code	Describe the gifts Describe the gifts	• · · · · · · · · · · · · · · · · · · ·		Dates you gave	\$
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Yes. Gifts per p Person Number City Person' Gifts winder person	Fill in the detail with a total value street Street 's relationship to the atotal value son	Is for each gift. ue of more than \$600 the Gift State ZIP Code you of more than \$600	Describe the gifts Describe the gifts			Dates you gave the gifts	\$\$ Value
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Yes. Gifts per p Person Number City Person' Gifts winder person to	Fill in the detail with a total value street Street 's relationship to the atotal value son	Is for each gift. ue of more than \$600 the Gift State ZIP Code you of more than \$600	Describe the gifts Describe the gifts			Dates you gave the gifts	\$\$ Value
Person Number City Person' Gifts wi per person to	Fill in the detail with a total value street Street street to Whom You Gave to Whom You Gave with a total value son	Is for each gift. ue of more than \$600 the Gift State ZIP Code you of more than \$600	Describe the gifts Describe the gifts			Dates you gave the gifts	\$\$ Value
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r 1 Donevette	Evans		
First Name Middle Name	Last Name Case number (if known)	
Vithin 2 years before you filed for ba	ankruptcy, did you give any gifts or contributions with a tol		
ŽÍ No	1 1 27 and you give any girls of contributions with a tol	tal value of more than	\$600 to any charit
Yes. Fill in the details for each gift o	or contribution.		
Gifts or contributions to charities			
that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name			\$
The state of the s	: 	!	
			\$
Number Street		;	
City State ZIP Code			
List Certain Losses			
No Yes. Fill in the details.	truptcy or since you filed for bankruptcy, did you lose anyti	ning because of theft	, fire, other
No	Describe any insurance coverage for the loss	Date of your	
No Yes. Fill in the details. Describe the property you lost and	Describe any insurance coverage for the loss	Date of your	, fire, other Value of property lost
No Yes. Fill in the details. Describe the property you lost and	Describe any insurance coverage for the loss	Date of your	Value of property
No Yes. Fill in the details. Describe the property you lost and	Describe any insurance coverage for the loss	Date of your	Value of property
No Yes. Fill in the details. Describe the property you lost and	Describe any insurance coverage for the loss	Date of your	Value of property
No Yes. Fill in the details. Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insural claims on line 33 of Schedule A/B: Property.	Date of your	Value of property
No Yes. Fill in the details. Describe the property you lost and how the loss occurred List Certain Payments or Tra	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insuran claims on line 33 of Schedule A/B: Property. Tansfers	Date of your loss	Value of property lost
No Yes. Fill in the details. Describe the property you lost and how the loss occurred List Certain Payments or Train 1 year before you filed for bankry consulted about seeking bankry reconsulted about seeking bankry reconsulted.	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or	Date of your loss	Value of property lost
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Yes. Fill in the details. Describe the property you lost and how the loss occurred List Certain Payments or Train 1 year before you filed for bankructonsulted about seeking bankruptode any attorneys, bankruptcy petition to	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or	Date of your loss	Value of property lost
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Yes. Fill in the details. Describe the property you lost and how the loss occurred List Certain Payments or Train 1 year before you filed for bankruconsulted about seeking bankruptode any attorneys, bankruptcy petition is lower than the details.	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or bey or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in the property transferred	Date of your loss nce transfer any property n your bankruptcy. Date payment or transfer was	Value of property lost
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otor 1	Donevette		Evans	_		
	First Name	Middle Name [.ast Name	Case number (if knowr)	
	anager of a community of the community o					
			Description and value of any prop	Perty transferred	Date payment or	Amount of
	Person Who Was Paid			Commission of the Commission o	transfer was mad	e payment
	- Sidon Wild Was Fall				: :	
	Number Street		rous.			\$
					: :	\$
			nada.			Ψ
	City	State ZIP Code	77/4.			
	Email or website addres	S				
	Person Who Made the F	Payment if Not You				
			otcy, did you or anyone else acting	eren en anna grande de la companya del companya de la companya del companya de la		
∣ Ye	es. Fill in the detail	S.				
			Description and value of any proper	ty transferred	Date payment or	
Ī	Person Who Was Paid				transfer was	Amount of pay
					:	
N	lumber Street					\$
Ċ	ity	State ZIP Code				\$
not No	both outright tran	sfers and transfers mansfers that you have	tcy, did you sell, trade, or otherwise ousiness or financial affairs? nade as security (such as the granting re already listed on this statement. Description and value of property transferred	of a security interest or m Describe any property of	ortgage on your prop	n property perty). Date transfe
Per	son Who Received Tran	nsfer	•• ••OFFIEW	or debts paid in exchan	ge .	was made
Nur	mber Street					
City		State ZIP Code				
Per	son's relationship to	V Ou	Control of the Contro			
	,					
Pers	on Who Received Trans	fer				
Num	ber Street				-	
1401()	nei Ottest			:		
-						
City		State ZIP Code				
Pers	on's relationship to y	ou	 .	to the	/	

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	Donevette First Name	Middle Name	Evans Last Name	Case number (If known)	
10 MBALL	40					•
No.	to years before beneficiary? (The beneficiary?) S. Fill in the deta		r bankruptcy, did you transfer any pro called asset-protection devices.)	perty to a self-settled to	rust or similar device o	f which you
	III III BIC GELA	115.				
			Description and value of the pro-	operty transferred		Date transfer
Nan	ne of trust			The state of the s		was made

***************************************			The Control of the Co			
art 8: L	ist Code:					
Within 4	ist Certain Fi	nancial Ac	inguillents, 3916 Danas	14 Barrer - 1 - 1		
closed,	sold, moved, or	ru ineu tor ba r transforradi	nkruptcy, were any financial accounts	or instruments held in	VOUZ name, or for	
	VUCCRIIIU. SAVIN	ine manav	and-4 11 -		your name, or for your	r benefit,
brokerag	ge houses, pen:	sion funds, c	r narket, or other financial accounts; cel cooperatives, associations, and other t	rtificates of deposit; sha	ares in banks, credit ur	nions,
W No	Fill in the detail			manda manadions,		
_ ,	in in the detail	is.				
			Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name	of Financial Institut	ion	xxxx	Checking		
A (per Street					\$
Nump	er Street			La Savince		
Numb	Street			Savings Money market		
		State		Money market		
City		State ZIP Cod	de			
City			de XXXX	☐ Money market ☐ Brokerage ☐ Other		
City Name o	of Financial Institutio			☐ Money market☐ Brokerage		\$
City Name o				Money market Brokerage Other		\$
City Name o	of Financial Institutio			Money market Brokerage Other Checking Savings		\$
City Name o	of Financial Institution		XXXX	Money market Brokerage Other Checking Savings Money market		\$
Name of Number City	of Financial Institution or Street S	on	XXXX	Money market Brokerage Other Checking Savings Money market Brokerage Other	X or other depository f	\$
Name of Number o	of Financial Institution Street S W have, or did y cash, or other v	on	XXXX	Money market Brokerage Other Checking Savings Money market Brokerage Other	x or other depository fo	\$ \$
Name of Number o	of Financial Institution or Street S	on	XXXX	Money market Brokerage Other Checking Savings Money market Brokerage Other		\$ or
Name of Number City O you now curities,	of Financial Institution Street S W have, or did y cash, or other v	on	XXXX	Money market Brokerage Other Checking Savings Money market Brokerage Other cy, any safe deposit bo		\$Or Do you still have it?
Name of Number of Yes. Filling	of Financial Institution Street S W have, or did y cash, or other v	on	XXXX	Money market Brokerage Other Checking Savings Money market Brokerage Other cy, any safe deposit bo	ontents.	Do you still have it?
Name of I	of Financial Institution Street S w have, or did y cash, or other v i in the details.	on	in 1 year before you filed for bankrupt Who else had access to it?	Money market Brokerage Other Checking Savings Money market Brokerage Other cy, any safe deposit bo	ontents.	Do you still have it?
Name of Number o	of Financial Institution Street S w have, or did y cash, or other v i in the details.	on	in 1 year before you filed for bankrupt Who else had access to it?	Money market Brokerage Other Checking Savings Money market Brokerage Other cy, any safe deposit bo	ontents.	Do you still have it?

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	Donevette			Evans				
	First Name	Middle Name	Last Name		С	ase number (if known)		
2. Have	you stored prop	erty in a storage	unit or place othe	r than your bon	na within 4			
KAI N	0		•	· ····································	ne wantin i ye	ar before you filed	d for bankruptcy	?
U Ye	es. Fill in the de	tails.						
			Who else ha	is or had access t	to #2	_		
				o or mad access i	io it?	Describe the cor	ntents	Do you s
								have it?
ĭ	Name of Storage Fac	ility	Name					гэ
	_ ,		Name			-		□ No
ī	Number Street							☐ Yes
			Number Stre	et		-		
_	****							
_		_	City State ZIP	Code				:
C	City	State ZIP Cod	le					i
State Contract	Market .							İ
art 9:	Identify P	roperty You Ho	ld or Control fo	- Camasa				
Do you	u hold or		- C. CONTION TO	someone El	50			
or hale	u noid or contro	ol any property th	at someone else c	wns? Include a	NV property w	as horrowed for		
M No	u in trust for so	meone.			and the officer of	an politomen Holl	1, are storing for	,
₩ Yes	s. Fill in the deta	ails.						
			Where is the p	roperty?				
						Describe the prope	erty	Value
Ow	vmer's Name	······································						
								_
Nu	mber Street	···	- Number Street					\$
Nu	imber Street	······································	- Number Street					3
Nu	imber Street		Number Street					7
	· · · · · · · · · · · · · · · · · · ·							
Nui City	· · · · · · · · · · · · · · · · · · ·	State ZIP Code	Number Street City	State	ZIP Code			•
	y		City		ZIP Code			***************************************
City 1 10:	y Give Detail	s About Enviro	City		ZIP Code			•
City 1 10:	Give Detail	s About Enviro	nmental Inform	ation				
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otor 1	Donevette First Name Middle Name	Evans	6777	
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Debtor 1	Donevette		Evons	
	First Name	Middle Name	Evans Last Name	
Debtor 2			POOT INSUITE	
(Spouse, if filing)	First Name	Middle Name		
		міссін ілаше	Last Name	
Inited States E	Bankruptcy Court for th	ne: Northern District of II	linois	
ase number				
lf known)				

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages,

List Your Creditors Who Have Secured Claims

	e D: Creditors Who Have Claims Secured by Property (Offic	iai Form 106D), fill in the
Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the propert as exempt on Schedule C
creditor's name: Gateway Financial	Surrender the property.	No No
Description of 2016 Ford Escape	Retain the property and redeem it.	☑ Yes
property 2010 Ford Escape securing debt:	Retain the property and enter into a Reaffirmation Agreement.	La Yes
	Retain the property and [explain]:	
Creditor's		ar y ar weight a secreigh to a montach hydrocomogn); in with fight a montach the distributions against the secretary beginning to secretary beginning to the
name:	Surrender the property.	□ No
Description of	Retain the property and redeem it.	Yes
property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
	Retain the property and [explain]:	
Creditor's name:	☐ Surrender the property.	
Description of	Retain the property and redeem it.	☐ No
property ecuring debt:	Retain the property and redeem it. Reaffirmation Agreement.	Yes
	Retain the property and [explain]:	
creditor's ame:	and the second s	tara and a grammary a security assertion as a second process of the second process of the second process of the
	Surrender the property.	☐ No
escription of operty ecuring debt:	 Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. 	Yes
	Retain the property and [explain]:	

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Donevette Debtor 1 Evans Case number (if known)_ Part 2: List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Describe your unexpired personal property leases Will the lease be assumed? Lessor's name: □ No Description of leased Yes property: Lessor's name: ☐ No Description of leased Yes property: Lessor's name: ☐ No Description of leased Yes property: Lessor's name: ☐ No ☐ Yes Description of leased property: Lessor's name: ☐ No Description of leased Yes property: Lessor's name: ☐ No Description of leased ☐ Yes property: Lessor's name: ☐ No Description of leased Yes property: Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease. Signature of Debtor 1 Signature of Debtor 2 Date MM / DD / YYYY